PHILADELPHIA MEDICAL TIMES.

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ORIGINAL COMMUNICATIONS.

SUPRAPUBIC LITHOTOMY: WITH A REPORT OF THREE CASES.

BY THOMAS W. KAY, M.D.,
Surgeon to the Johonniter Hospital, Beyrout, Syria.

THIS operation was first performed in 1560, by Peter Franco, of Tourrieres, in Provence, on a child two years of age, on account of the large size of the stone; since which time it has had a hard struggle to find its proper place among recognized surgical procedures. Franco appreciated its dangers, and condemned its performance except in cases of very large calculi. Since his time it has been repeatedly revived, and as often abandoned. An excellent account of its early history is found in Sabatier's "Médecine Operatoire," published in Paris, in 1824. Very recently it has again come before the public, and at present has its enthusiastic admirers both in Europe and America. Nor do they limit its adaptation to large calculi; but the more enthusiastic seem to think that for moderate-sized calculi it is the operation, being safer than perineal lithotomy or even litholapaxy. On theoretical anatomical grounds, the operation leaves little to be desired. There are few or no bloodvessels to be cut; the bladder can be distended to about the navel, and so all danger of opening the peritoneal cavity is avoided, the incision being made into the anterior portion of the bladder, in front of the peritoneal fold; the layers of the pelvic fascia are so arranged that infiltration of urine does not take place and cellulitis is avoided; the prostate and seminal ducts run no risk of being injured, and many other reasons can be brought forward in its favor.

During the last few months I have performed the operation three times, and though pleased with the ease of its performance, the results have been disappointing. In all three cases the patients were badly broken down, the calculi of large size, and the bladder of small capacity; so litholapaxy was out of the question, and perineal lithotomy was thought to have more dangers than the supra-pubic.

Case I.—Mustafa, a Moslem of Tripoli, 30 years of age, presented himself September 26, 1887, with all the symptoms of vesical calculus, of two years' duration. Examination revealed a rough calculus of moderate size. Cystitis was present; and as he was suffering severely, it was decided to operate the next day, the supra-pubic being selected. The patient having had a pur-

gative and a warm bath the day before, and quin. sulph., grs. x, with morph. sulph., gr. $\frac{1}{4}$, the following morning, he was put under chloroform, the abdomen sponged with carbolized water, the bladder distended with twelve ounces of warm water, a large steel sound introduced, and an incision three inches in length made just above the pubes in the median line. After carefully dividing the tissues towards the lower angle of the wound, that space situated between the bladder and symphysis and filled with cellular tissue was reached, where was felt the end of the sound pushing forward the bladder-wall. A tenaculum was then introduced into the wound and the bladder hooked up; after which its anterior wall was incised over the end of the sound, the left index finger entered, and the opening dilated. The stone (48 grms. in weight) was now grasped with forceps and extracted with little difficulty. After extraction, the bladder and wound were washed out with a carbolic solution, the upper angle of the bladder-wound united by several animal sutures to the corresponding point of the incision in the muscles, a drainage-tube put in its lower angle, and the upper portion brought together by interrupted sutures passing through the skin and muscles. Iodoform was dusted over, a piece of oil-silk put over this, and the whole covered with several layers of antiseptic gauze. These dressings were changed regularly, and the bladder washed out with warm antiseptic solutions twice a day as long as the man remained at the hospital.

Two days after the operation an attack of bronchitis made its appearance; but was kept under control, though not entirely cured. The temperature rose to 39.5° C., and the pulse to 144 on the evening of the operation, and remained up for two days, when, under the influence of quinine, the morning temperature became normal, with an evening exacerbation of 1° C.; while the pulse varied very little, being about 112 all the time. On Oct. 1 shreds of sloughing tissue began to project around the tube; so the wound was opened; superficial sloughs being found on either side of the incision in the linea alba. Some four days later these separated, leaving healthy granulations beneath. Symptoms of localized peritonitis made their appearance in the hypogastric region three days after the operation, but did not become general. Following this was obstinate constipation and impaction of fæces in the rectum, which had to be softened by enemata of oil and removed by a lithotomy scoop. Anorexia was marked from the first; and, as the stomach was very irritable, rectal alimentation and medication had to be resorted to. Besides stimulants and tonics by the rectum, frictions of brandy and oil were used to the cutaneous surface; while strychnia was used hypodermatically. Having gained in strength a little and being free from fever, he was taken away from the hospital on a stretcher by his friends, Oct. 15, eighteen days after the operation, with the wound unhealed. Several months later I heard that he ultimately recovered.

Case II.—Ibrahim, a native Christian of Soffita, having suffered with vesical calculus for three years, entered the hospital Dec. 12, 1887. After a few days' rest, he was operated on Dec. 17, having received the same preparatory treatment as Case I. Here only six ounces of warm water could be run into the bladder; so a colpeurynter was inserted into the rectum and distended, thus forcing the bladder up and to the front. The bladder was then opened as in the former case; but as the calculus was large, an attempt was made to crush it with a lithotrite. Not succeeding in this, however, the incision was extended towards the base of the bladder and a 95 grm. stone extracted. The dressings and subsequent treatment did not differ from those in the former case. On the second day bronchitis made its appearance, and cough was very distressing up to its termination. General peritonitis began on the evening of Dec. 19, and though of an asthenic type, terminated fatally on the 21st. From the first the pulse was weak and rapid, and the temperature, which was nearly normal every morning, rose to only 38.5° C. in the afternoon. The wound in the linea alba after death had an unhealthy appearance, and all of the peritoneal surfaces were much inflamed,

though no pus and no adhesions had formed.

Case III.—Abd-el-Latif, a Moslem of Tripoli, 40 years of age, with a history of stone for the last eight years, entered the hospital Feb. 21. After three days' rest and preparatory treatment, he was operated on the morning of the 24th. Here not more than two ounces of warm water could be injected into the bladder; so, after passing through the abdominal muscles, the scalpel was inserted directly above the symphysis, back on the calculus; and as soon as the bladder was opened, it was hooked up on the left index finger and drawn upwards and in front, against the parietes. Holding it in this position, the incision was extended towards the fundus of the bladder till the opening was large enough to permit of the extraction of the 122 grm. stone. After washing the bladder, the edges of its incision were seized by forceps, the finger removed, and either side of the opening in the bladder united by animal sutures to the corresponding points in the abdominal muscles. A drainage-tube was now put in, and the upper part of the incision closed, as in the two former cases. The subsequent treatment of the wound and of the bladder was as had been used before. That evening the temperature rose to 39.1° C., but fell on the third day to normal, and varied little afterwards. As in the other two cases, the pulse became weak and rapid, and bronchitis made its appearance. There were no signs of peritonitis at any time, but on March 5 cystitis made its appearance, and four days later was followed by dysentery, which terminated in death, March 15, twenty days after the operation was performed.

Having carefully studied up the subject and the reports of many cases, I feel confident that the operation will never become one of general practice in civilized countries where the case is seen in its early stages.

It is only adapted for those calculi on account of the size of which lithola-paxy and perineal lithotomy are inapplicable. The operation is easy of performance, and with care there is little danger of opening the peritoneal cavity. Little reliance can be put on distending the bladder in cases of long standing.

The incision in both abdominal walls and bladder should be large enough to admit of the easy extraction of the calculus, and sutures applied at its upper angle if there are any suspicions of having injured the peritoneum. As bronchitis is apt to occur from the constant dribbling of urine over the abdomen, and for other reasons, I am inclined to think it would be best to carefully close the incisions in both bladder and abdominal walls, and perform a perineal cystotomy for drainage purposes.

A REMARKABLE CASE OF BRAIN INJURY.[1]

BY JOHN D. BLAKE, M.D.,

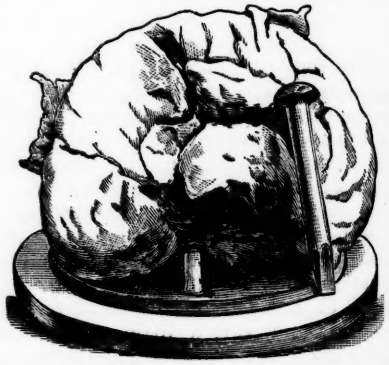
Professor of Physiology and Genito-Urinary Surgery in the Baltimore Medical College.

WAS called July 17, 1888, about 2 P. M., to Valentine F., a German, 67 years of age, who, according to the history given me by his family, had left his home about 6.30 A. M., on the morning of the 15th (two days previous to my being called), and was brought home about 4 P. M., same day, 15th (the day was exceedingly warm), by two young men, who stated that they found him sitting against one of the pillars supporting the B. & O. bridge at Mt. Clare junction, which is about one-half mile from the western city limits. They stated that he was sitting there crying, and begged them piteously to bring him home, giving them at the same time his address. With slight assistance he got into their wagon; but on their arrival home, some three-quarters of an hour later, they found him unable to get out, or walk after he was gotten out. The family, thinking that he was prostrated by the heat, assisted in his removal from the wagon to his bedroom, where he was placed comfortably in bed. Soon after he was put to bed, he raised himself on his elbows and asked for a drink of water. This being handed him, he drank without perceptible difficulty. The request for drink was often repeated during the night, and his swallowing seemed all right.

[1] Read before the Baltimore Medical Society, February 13, 1888.

Soon after his first drink, he asked for something to eat, which was also swallowed with seeming ease and relish. Next morning, however (Wednesday), the 16th, according to the statements of the family, he became very stiff—not able to rise on his elbows, as he had done the evening before; he talked as if his tongue was very thick; this stiffness became more general as the day passed, and in the afternoon he seemed very stupid and drowsy, and talked with great difficulty; could hardly be understood; voided his urine unconsciously.

July 17.—This morning seems very much worse; is completely paralyzed on right side. The family now becoming alarmed at his condition, sent for me, this being about noon; and in order to make him more presentable, attempted to remove his very much-soiled shirt, in order to replace it by a cleaner one. In drawing the shirt over the head of the patient, his wife and son discovered something black beneath the very full suit of gray hair which completely covered his head. Not being able to make out what it was on account of the slightly puffed condition of the scalp somewhat hiding the edges of the foreign substance, they awaited my arrival, which occurred at two o'clock P. M.; my attention being directed to it especially, I applied a pair of strong forceps and with some considerable force succeeded in extracting from the skull a railroad spike (which I now present for your inspection), three and one-eighth inches long and three-eighths of an inch in diameter. It was driven in until the head of the spike pressed the scalp firmly. Following its withdrawal was a small quantity of offensive, decomposed blood and serum, which I succeeded in getting rid of by arranging the position of the head and mopping with antiseptic absorbent cotton. The opening through the skull being sufficiently large, I extracted several large spiculæ of bone with my forceps. This being done, I set out to obtain a history of the case up to that time, which was what I have given you. I then noted his present condition, which was as follows: Hemiplegia complete on right side; sensation nearly abolished on same side; can't talk, but understands; tongue runs to left side; can only be partially protruded; understands me when I speak loud, and says he has no pain, and the removal of the spike did not hurt him. (My questions were answered by nods of the head, at my suggestions.) Says he will take a little milk, in answer to a question. He swallows badly; uses his left hand and leg; answers all of my questions by nod of head, except as to how he got the nail in his head. He recognized the nail as being the spike, knew he was sick, knew his son and others; his mind seeming much clearer an hour after the removal of the spike. But he constantly refused to nod when asked such questions as the following: Did Mr. S., who went out with you on Tuesday, do this? Did you do it yourself? Did the men who brought you home do it?



Did you fall from the bridge? etc., etc., to none of which would he give the slightest nod. I then said, "Are you in pain?" He immediately nodded no. Tears at this time were running down his cheeks, but he did not give any other sign of emotion.

His respiration was slow, his pulse full 94, temp., 103⅗; skin moist.

July 17, 8.30 P. M., more stupid; does not answer so promptly, but does so slowly; pulse 96; respiration more rapid now—22.

July 18, 9 A. M., is perfectly quiet; suffers no pain; has taken a little milk which he swallowed badly; temp., 104; pulse 98; is more stupid; 3 P. M., about the same.

9.30 P. M., still worse; slight muscular twitching of the left side; discharge more watery and more free; temp., 104;

pulse, 100; respiration somewhat jerking.

July 19, 9.30 A. M., in a profound stupor; takes nothing; pulse, 98; temp., 104.

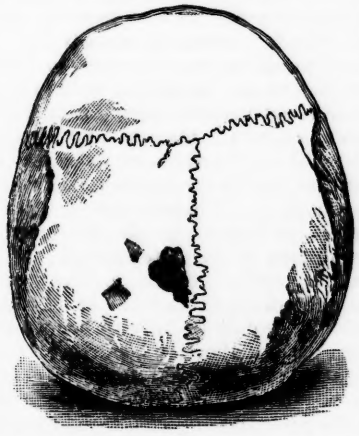
July 19, 3 P. M., almost comatose; has had a slight spasm.

9.30 P. M., has had two more convulsions which were very strong; seems to be sinking; respiration, 22; pulse, 98; temp., 103⅗.

July 20, 9.30 A. M., evidently sinking; respiration, 51; pulse small and very rapid; is in a slight tremor; has had another convulsion.

3 P. M., still sinking; has had another convulsion. 9.30 P. M., respiration, 55; pulse very rapid; profoundly comatose, and died at 2 A. M.

A *post-mortem* revealed the fact that the spike had entered the skull through



the left parietal bone near the median line and one and one-half inches from its junction with the frontal bone, passing obliquely downwards and forwards, entered the left hemisphere just anterior to Rolando's fissure and sufficiently close to the longitudinal fissure to open into it all the way down to the corpus callosum. The spike passing through those fibres went into the lateral ventricle, the point entering slightly the intra ventricular portion of the corpus striatum (the track of the spike can be clearly seen upon the specimen of the brain which I now hand you for your examination), the skull cap presents nothing unusual, except this large hole through which the spike passed into the brain and which you see is large enough to allow the passage of my little finger; you will please examine it for yourselves. In regard to the spike, I would state that expert machinists and nail-makers to whom it has been submitted, declare that it is a perfectly new one and that its head clearly shows that it was driven in with a rock, brick or some rough substance, and that a hatchet or hammer was not used. As to how he got it in his head, this remains a complete mystery.

As to the points of special interest in this case a few of the many may be cited:

First, is the fact that we had a very perceptible restraining effect produced upon the heart, as we see that notwithstanding the fact that he had a very high temperature constantly, the pulse never was over a hundred until the last day. This I think was due to the inhibitory centre being influenced possibly by the injured condition of the cortex. The localized meningitis, I think, will account for the high temperatures.

2d. Why was there not from the very first a decided interference with motion? The young man who found him says that he got up from his seat and got in the wagon with only ordinary assistance. When he arrived home he was stiff, but could use his limbs tolerably well; he could talk, swallow, and chew his food; this of course is what his family and others say. Certainly, when I saw him two days after, he could hear well and swallowed comparatively well. Of course, as the temporal lobe was not injured, we would expect retention of hearing.

3d. There was relaxation of the sphincters from the first.

4th. From the injured condition of the corpus callosum we would have expected from the first slow cogitation, which we did not have other than could be accounted for possibly by shock.

5th. When we remember that voluntary motion has been traced and is supposed to be confined to that portion of the cortex known as the motor or central area of the brain (including the ascending frontal, ascending parietal and superior parietal lobes), why is it that, when we had certainly a large portion

of this area absolutely torn asunder and destroyed, the spike still resting in its substance, the man could walk with little or no assistance, could use his tongue, as in asking to be brought home, giving his address, etc., to the men who brought him; also asking for food and drink of his family, and swallowing the same?

ABORTION: SOME RARE CAUSES AND TREATMENT.

Read before the Rowan County Medical Society

BY C. M. POOLE, M.D.,
Craven, N. C.

IT may not be a well-recognized fact, but is none the less true, that abortion occurs much more frequently in some localities than in others. In the Southern States, where diseases are peculiar to their own locality, in order to institute a successful course of treatment, we first search for the cause of infection; and when this is removed, the epidemic, of whatever character, abates. Malaria has its strongholds; phthisis claims its victims in certain localities; typhoid fever is partial to some portions of the country; and thus we may follow the list of diseases all the way down. Then it should not seem perplexing when we find abortion occurring more frequently in certain localities than in others.

The first thing to be done is to look for the cause. In doing this, we would ask the question, *Does malaria cause abortion?*

But little has been said and written upon this subject. Consequently, the writer is forced to rely almost exclusively upon his own experience.

In the eastern part of this county abortions have reached an alarming degree. It is along the banks of the Yadkin river, and of creeks whose valleys are full of lakes and ponds: the very generators of malarial poison. Abortion is said to occur, as a rule, once in every one hundred and twenty pregnancies—being four-fifths of one per cent. It is impossible to say what the percentage would be if all the lying-in cases in this district were recorded; for a physician is more readily called to cases of abortion than to natural labor. But, by consulting my note-book, I find that, in the last hundred cases of confinement attended by me, over sixteen per cent. were abortions or premature labors, to say nothing of the many cases of threatened abortion seen in time to arrest and bring to term. I do not wish to be understood as maintaining the idea that malaria was the sole cause of these abortions; but since malarial fever is so very prevalent in this district in its season, and as abortion is almost exclusively found within the limits of this infected locality, it is reasonable to suppose that it is one of the causes of this large percentage of abortions.

Behrmann says, intermittent fever, coming on during pregnancy, is difficult to cure; and when recovery has taken place, relapses are very common. Severe attacks may terminate the pregnancy prematurely. Parturition takes place on the day and at the hour at which the febrile paroxysm usually sets in. Dr. Geo. Seymore says, malaria during pregnancy may be either active or passive. If active, the characteristic chills, fever, sweating, malaise and prostration will exhibit themselves before parturition, and the probable result will be an abortion. Whether due to malaria *per se*, or to the quinine prescribed, is a question to be determined. While malaria, under certain circumstances, undoubtedly shortens the period of gestation, it would be folly to believe that every case of abortion occurring during an attack of malarial fever is caused directly by that malady. While it may be the predisposing cause, the exciting cause is frequently something else. Many cases of abortion are attributed to a malarial attack, when really the cause of abortion is the use of quinine or some other oxytocic remedy. There are many physicians who do not believe in the oxytocic properties of quinine; but in a number of cases its hazardous effect in this direction has been too clearly and forcibly demonstrated to disregard its effect upon the non-striated muscles of the uterus.

Some time since I was called to see a pregnant woman at 1 P.M., who had bilious remittent fever, and gave just enough quinine to break up the malarial attack. By the time the system was brought fully under the influence

of the drug, strong uterine contractions set in, and at 6 P.M. I was summoned hurriedly, only to arrive in time to witness a premature delivery. I am confident that quinine was the exciting cause of the abortion in this case. The patient had suffered for days with the same malarial attack, and had felt no symptoms of pain until the quinine was taken. Since seeing a number of similar cases, I have made it a rule to combine a little morphia with quinine when it is necessary to give it to pregnant women, which seems to control the oxytocic action of the quinine.

I have treated several cases of abortion that were caused by the woman picking cotton in her apron, which was tied around the waist and left to hang in the shape of a bag over the distended abdomen. The combined weight, friction and heat over the abdomen, together with the peculiar position of the woman, were perhaps the cause. There is one other cause in these cases which, although it may seem far-fetched, can come in as a supposition: the constant inhalation of the odor of cotton seed and of the cotton plant, especially after it has been nipped by frost. By thoroughly impregnating the system with these odors, the oxytocic effect may have been sufficient to produce abortion.

Santonin is rarely prescribed for adults; but it might be well to mention that it should not be prescribed for pregnant women, for it acts upon the non-striated muscles like ergot, and will cause abortion.

TREATMENT.

In the treatment of threatened abortion, we should first search for, and if possible, remove the cause. Viburnum prunifolium has proved itself to be the most reliable uterine sedative. Many cases have been saved by the free administration of this remedy, even when there was quite severe hemorrhage from the uterus. Where all efforts fail, and abortion is inevitable, the sooner the end is reached the better it is for the patient. Yet we must conform as nearly as possible to the physiological process of nature. If hemorrhage be profuse, and there is just cause for alarm, the uterus should be emptied immediately. We frequently see the fœtus and membranes coming away intact; but in many cases the secundines are left in the uterus. In such cases, especially in early abortions, we may expect trouble if we attempt to remove them at once; although Dr. Cheatham, of Henderson, N. C., claims that he has invented a scoop that will empty any uterus of any portion of retained placenta or membranes with impunity, no matter how early the abortion.

Hence this matter resolves itself into the question, *When should the secundines be removed?* The earlier writers advised the expectant treatment of retained portions of the ovum. Churchill, Reichman, Meigs, Bedford, Tyler Smith, Ramsbotham and Hodge all advised the expectant plan. But when we consult late writers, we find quite a diversity of opinion. Barnes, Lusk, T. Johnson Alloway, Munde and Farr favor the immediate removal of the placenta and membranes. On the other hand, among modern writers who favor the expectant plan we find the names of such men as Playfair, Simpson, Schroeder, Angus McDonald, Walter Coles and others.

Dilatation of the closed cervix with tents and extraction of the secundines with the finger or forceps is the usual method of procedure of those who advocate the immediate removal of retained portions of the ovum. Thomas warns us of the danger of dilating the cervix with tents, but says the danger is not so great as to make one hesitate in using them if necessary.

Now let us notice the views of those writers—Barnes, Playfair, Simpson and Lusk—who deprecate the use of the curette or forceps as being hazardous. They employ the finger, and consider it safe and satisfactory. Alloway and Farr, on the other hand, regard the use of the finger as highly dangerous, and claim that the curette gives better results.

We thus have testimony from the gynæcologists themselves that the forcible extraction of the secundines, whether manual or instrumental, is not free from danger. The foregoing would show that active interference in abortion is, as a rule, unnecessary and dangerous; yet it will not be safe to pin our faith too closely to either of these

methods. Where there are alarming symptoms, remove the secundines at once, and do not be particular as to how this is done. If it can be done with the finger, use it; if not, resort to the forceps or curette. Where there is no cause for haste, the expectant plan has been very satisfactory. I have left cases ten, twelve and even twenty-four hours before removing the secundines, and have never seen a bad symptom resulting from such practice. The os is almost invariably found dilated, and in the majority of cases the placenta is presenting at the external os or lying in the vagina. After the secundines are removed, the very strictest Listerism should be observed. By Listerism I do not mean the indiscriminate use of carbolic acid or other antiseptics; but, in addition to the proper antisepsis, the most scrupulous cleanliness should be observed in every way. Bichloride of mercury, 1 to 2,000, is the best antiseptic for intra-uterine irrigation where such treatment is necessary. But it should be used with caution; for, though generally safe, it is not entirely free from danger.

Hofmeier reports a case of ruptured perineum, extending very high up, which was stitched up and the wound irrigated with a 1 to 1,000 sublimate solution. The patient died on the twelfth day, of mercurial poisoning. There was extensive gangrenous destruction of the entire mucous membrane of the large intestine, continuing also into the ileum. A similar case is reported by Stadtfeldt, in which a puerpera was given, on the fifth day, an intra-uterine irrigation of sublimate solution, 1 to 1,500. During the irrigation there was slight collapse, and five days later increased diarrhœa, vomiting and suppression of urine. The case terminated fatally. In the large intestine there were likewise numerous ulcerations, and, besides, parenchymatous nephritis.

These two cases, in which comparatively small quantities of a moderately concentrated solution of bichloride of mercury were employed, must certainly impress upon us the need of the greatest caution in its employment in puerperal women. Not only in using bichloride of mercury, but in making any kind of injections into the uterus we should be very cautious.

The temperature of the water, strength and per cent. of the antiseptic used, condition of patient, kind of instrument, and how to introduce it—this is very important; for an unskilled hand may tear open the mouths of veins that lie ready to suck up any septic poison that may be in the uterine cavity and convey it directly to the heart and brain; and should such be the case, the patient is as effectually killed as Bruno killed Lord Byron. Thorough disinfection of the hands and instruments is of importance. The present state of bacteriology must convince even the most skeptical and conservative physician that soap and water exercise not the slightest influence over the microbial organisms, and that, to place our patients on safe grounds, we must resort to the true antiseptic agents. Anything that absorbs, neutralizes or destroys putrescent effluvia, miasmata or specific contagia, and thus remove the cause of infection, is a disinfectant. If physicians would observe the strictest cleanliness and antiseptic measures, and could enjoin the same upon their patients and nurses, we would hear less of septic troubles in puerperal patients.

THE THERAPEUTIC VALUE OF BEDFORD MINERAL WATER, IN CONNECTION WITH THE LOCAL DEMOGRAPHIC CONDITIONS OF THE MOUNTAINOUS REGIONS OF SOUTHERN PENNSYLVANIA, IN THE CURE OF DISEASE.

BY AMERICUS ENFIELD, M.D.,
Of Bedford Mineral Springs, Bedford, Pa.

THE therapeutic value of mineral waters and of climatology are such important and inexhaustible subjects that it will be impossible to present them fully in one short article. I hope to be able to devote more attention to them in the near future. These two subjects have a close therapeutic relation, and have not received that unity of thought from the medical profession which their importance demands.

One of the best resorts on the Eastern slope of the Allegheny Mountains

is the famous mineral springs of Bedford. They are situated 200 miles west of Philadelphia, by the Pennsylvania Railroad, and 178 north-west from Baltimore. The Alleghenies are everywhere noted for their varied and picturesque scenery, and nowhere does it excel that of Bedford. Nature has bestowed many of her choicest gifts on this locality. The springs are surrounded by forests, vale, and mountain in sufficient variety to gratify the most fastidious taste. The atmosphere is pure, the soil is dry, and the sunshine is abundant. The weather during the summer months is usually cool and agreeable. Typhoid fever, dysentery, or diarrhœa rarely occur here. The climate is therefore well adapted for the cure of a great variety of chronic diseases.

The mean temperature for the summer months is about 65°. Visitors usually sleep with one or two blankets on the beds during a portion of the season, and frequently enjoy wood fires for the night and early morning. No local epidemics have ever occurred in this healthful region. Invalids usually stay from the first of June to the first of October.

The Bedford mineral waters have just been analyzed by Dr. Leffmann, of Philadelphia, and his analysis corresponds in general with that made by Dr. Church in 1825, and that of Prof. Genth, State Geologist, made in 1878. Dr. Leffmann has found, in addition to magnesia, soda, lime and iron, a number of other valuable ingredients, including lithium and barium. The temperature of the water is from 56° to 60° F. The specific gravity is 1.030. He has also analyzed the pure, or Sweet Springs, which his analysis shows to be one of the purest spring waters in this country; containing less than one and one-half grains of solids to the gallon. Dr. Church says it is the purest water he has ever seen. On account of its purity it has been appropriately called the "Sweet Water Spring." It contains a small quantity of free carbonic acid. Its temperature is 52° F., and it is one of the most palatable drinking waters to be found anywhere.

The Bedford Mineral, or Magnesia Spring, is a purgative-chalybeate water, bearing considerable resemblance in its chemical and medical properties to the waters of Carlsbad. The iron is minutely combined with the other salts, so that its cathartic action is very much modified, and it can be taken for a long time without producing any injurious effects whatever. Its diuretic and diaphoretic actions are more marked than its cathartic or laxative properties. It contains just enough carbonic acid gas to make it palatable and pleasant, and its absorption into the blood is very rapid. The iron it contains, which is equal to about one grain to a glass, builds up the blood rapidly, while the other ingredients it contains reduce abdominal plethora and overcome constipation. I have been delighted with the favorable action of this water in diseases of the kidneys and bladder. It stimulates the kidneys so greatly that there is a certain and regular increased flow of urine each day the water is used. I am not prepared to go so far as some of my professional brethren, who have used it themselves, and prescribed it for others, in Bright's disease, and say that it will produce a cure of that malady. I do know, however, that it will lessen the flow of albumen when regularly and systematically prescribed. I have treated a number of cases of this disease (albuminuria) in the past few years with this water alone, and it has proved palliative in nearly every case. When this water is highly carbonized its action on the kidneys is very much increased. It washes out the kidneys and aids medicine in restoring them to their normal action. I have never heard of a case of Bright's disease in any person who has been in the habit of drinking this water regularly.

I can also confidently recommend the Bedford water as a valuable agent in chronic anæmia, dyspepsia, constipation, engorgement of the liver, and disease of the kidneys and bladder. It has also proved of service in cases of gout, syphilis, scrofula, neuralgia, hemorrhoids and certain skin diseases. I cannot recommend the water in diseases of the respiratory system, such as consumption, bronchitis and pharyngitis, although our Sulphur Spring, which is rich in sodium and sulphuretted hydrogen gas,

enjoys quite a reputation as a curative agent in asthma and other chronic bronchial troubles. I am inclined to think that our summer temperature is too low and our elevation above sea level is not sufficient to make this a favorable resort for persons suffering with diseases of the respiratory system.

This celebrated resort is now owned and operated by the Bedford Mineral Spring Co., a syndicate of Pittsburgh capitalists, who are making many improvements this year, which will be conducive to the health and comfort of the guests. They have invested considerable capital in this enterprise, and they intend to erect a large and handsome hotel during the coming year. This place has all the natural advantages to make it one of the finest sanitariums in this country. With increased railroad facilities, now in course of construction, the day is not far distant, when the Bedford Springs will be a resort not inferior to Saratoga. The hotel is conducted by J. D. McClellan, formerly of the Logan House, Altoona, and American House, Philadelphia, Pa.

The great variety and distinct character of the many Mineral Springs flowing from the same strata at Bedford have long been a cause of wonder and curiosity to the numerous visitors who annually come to this resort. Had these waters long since received the attention and investigation given to many other waters, Bedford Springs would enjoy a wider reputation than it does to-day. Besides the Bedford magnesia or Anderson spring, referred to in this article, there are located in close proximity to it a dozen or more fountains of distinct characters and properties, such as the chalybeate, sulphur, pure or sweet, limestone or calcic, pure flint, and soft slate waters, each differing in character, composition and action. What healing powers this great variety of water may possess can be determined positively only by a judicious employment of each water separately in well diagnosed diseases.

We have two valuable chalybeate springs here; and the use of the waters which flow from them has been found highly beneficial in cases of anæmia, chlorosis and indigestion accompanied with loss of appetite, or where there is a deficiency of red blood corpuscles in the system.

Many invalids use the water from the mineral or magnesia spring, as it is called, and the chalybeate waters afterwards; or they first undergo a course of alterative treatment by use of the first mentioned water, and then finish up with the iron. Our chalybeate springs are limpid and fresh and have none of that inky flavor so common to many iron waters.

The iron is held in perfect solution by the carbonic acid gas contained in the water. After it is taken regularly for a few days it improves the appetite, gives tone and energy to the system, and produces general comfort and cheerfulness.

Sulphur Spring.—This spring rises on the west side of the branch, two hundred yards from the main or magnesia spring. It has a temperature of 56° F., and has a decided sulphuretted hydrogen odor. In addition to this gas, it contains lime, magnesia and chloride of sodium; but no iron. This water is applicable to the treatment of diseases of the skin, chronic sore throat, such as pharyngitis, laryngitis and bronchitis, also of metallic poisoning and syphilis.

Since the introduction of Bergeon's method of treating consumption, by using sulphur water to make sulphuretted hydrogen gas for introduction into the system, sulphur springs are receiving more attention from the medical profession than they formerly did. While there are a great many sulphur springs in this country, it is hard to find good sulphur water free from other deleterious substances, such as organic matter and salts of lime. When this water is taken in considerable quantity and for some time, it slows the circulation, soothes the mucous membrane of the stomach and lungs, and enriches the blood. Unfortunately for the invalids, the water soon undergoes chemical alteration after it is taken from the spring and consequently does not stand shipping well.

It is not my intention to mention in this article all the different waters which are found at Bedford, but in conclusion I will briefly refer to

our pure or sweet spring water. This water is exceedingly valuable as a general drinking or table water, in these days when the water supply of many cities is polluted by germs which produce so many of the diseases of modern life. The time has come in the cities when the people should try to get pure water as well as pure food and pure air.

The late analysis of this spring by Dr. Leffmann shows it to be one of the purest waters ever discovered in this country. It has less than 1½ grains of solid constituents to the gallon, and it is as bright and limpid as a sunbeam. All that is necessary to render it as pure as the purest distilled water is to expel the small quantity of carbonic acid gas it contains.

This water bursts from the fissure of a rock within a few feet of the hotel, and is freely used by the guests for general drinking purposes and for a table water. Its taste is delightful, especially to those who have been compelled to drink bad or impure water all their lives. The constant use of impure water in large cities may be one of the chief causes of the increase of kidney disease among the inhabitants.

TRANSLATIONS.

A New Treatment for Acute Pemphigus.—In 1882, I had the honor to report to the Waldensian Society a case of true acute pemphigus in a little girl of six years. To-day I have the good fortune to present a case of chronic pruriginous pemphigus. Madame R. P. was admitted to the hospital Jan. 16, 1888. Early in December, she noticed upon her face an eruption of white vesicles as large as a pea, which, when opened, discharged a clear fluid. This was attended with severe itching, which did not cease when the vesicles disappeared. A scab then formed, which bled when scratched. Soon this eruption became general. Some blisters, from the size of a pea to a hen's egg, appeared all over her body, at first under the arm-pits, then upon the arms and legs, then upon the trunk. The patient, who at first suffered only from thirst, now took to bed, the weakness being extreme and the pains in her limbs being so severe that she was unable to sit up. She had had no premonitory symptoms, other than the intense thirst alluded to above. The previous history revealed a typhoid fever in 1881, followed by profound anemia, also a pregnancy of four months. Upon her admission to the hospital her appearance was characteristic of pemphigus. Her entire body was sprinkled with blisters, some not yet surrounded with a red areola, and containing a yellowish liquid; others as large as a walnut or even an egg, surrounded by an erythematous zone, not infiltrated, and filled with a cloudy liquid. In some even the serum presented two distinct layers, the lower full of white globules, the upper still clear. Besides these perfect blisters, there are many within which the broken edges expose a portion of the chorion denuded by scratching. Others are covered with a yellow scab. In some the scab had fallen off, exposing a discolored skin, showing the shape and size of the original blister. The diseased surface of the skin covers at least half of the body, leaving the rest healthy. The patient, tormented by the serious itching, is only at ease while in the bath. The general health is moderately good; there is some loss of sleep and strength, but the appetite is good and the temperature only 38.5°. The treatment adopted during the first week, consisting of prolonged baths of boracic acid, from four to five hours a day, did not give the expected relief. In the interval between the baths the entire body was powdered with boracic acid. Arsenic internally, chloral and bromide of potassium for the sleeplessness and a strengthening diet were added.

During four weeks this treatment was continued without apparent effect. The itching did not decrease, and every two or three days a fresh eruption of blisters, large and small, covered the body. Each hour a higher temperature (38.8°), announced the eve of a new eruption. Her general health now became impaired, the appetite diminished, weakness increased, and the itching became more unbearable.

February 12, it occurred to us to try compresses of carbolized water, in the hope of lessening the itching. The effect

was magical. As soon as the compresses were applied the itching ceased, and the patient announced the relief with cries of joy. In about three days we noticed that the new blisters were more scattered. Feb. 20, the carbolic acid seemed to prevent the development of the blisters; they were fewer in number and the skin was more healthy. Feb. 25, some small blisters remain, principally on the face where the acid was less freely applied.

These observations are interesting for the following reasons: the diagnosis was at first obscure, whether it was an acute or chronic pemphigus. It was hoped that a speedy cure would follow, as in our patient of 1882; but the successive eruptions undeceived us.

The etiology offered on the contrary nothing extraordinary, but confirmed our former observations in such cases. We have to deal with a woman left delicate by typhoid fever, and withal in the beginning of pregnancy, which in itself constitutes a predisposing cause. The treatment appears worthy of remark. During a month of routine practice the woman grows steadily worse. Arsenic and baths failed to relieve. By the use of compresses of carbolic acid, not only was the intense itching relieved, but the disease itself was arrested. The success of the carbolic acid confirms the microbic theory of M.Gibier, and gives a new strength to that theory of the pathology of pemphigus. In closing, we will state that this treatment was well borne. At first the abraded surface was large, owing to scratching, and the urine became black in twelve hours, so that every three days we suspended treatment for twenty-four hours, when it became normal. Care should be taken to remit the treatment when the color of the urine indicates intolerance of the acid. This treatment is as yet unknown, which is our excuse for presenting this case. — SECRETAN in *Revue Medicale de la Suisse Romande.*

A NEW SICK-DIET.—*Adrian*, in the *Jour. de Chim. et de Pharm.*, proposes the following as a substitute for meat powders: One kilo of beef is roasted; the gravy is caught upon pieces of toasted bread; both beef and bread are then dried and powdered, and the following mixture made:

Powdered meat	200 grms.
" toast	200 "
" beans	200 "
Milk sugar	150 "
Dextrine	50 "
Malt	50 "
Tapioca	150 "

The dextrine favors the secretion of gastric juice, and the malt completes the action of the pancreatic secretion and the saliva.

The product represents about four times its weight of fresh food. The product is granulated, a result to which the tapioca contributes. The soup made from this can be flavored with Liebig's extract.

UTERINE DISPLACEMENTS.—*Doléris* (*Gazette de Gynéc*), says that since 1885 he has adopted in the treatment of uterine displacements the combination of plastic operations: colporraphy, perineorraphy and trachelorraphy with shortening of the round ligaments; for experience has shown that isolated operations are quickly followed by a return of the displacement. In thirty cases thus treated he has had twenty-seven cures and three partial failures.

EUROPEAN METHODS OF EDUCATION.—"In Germany we find customs very analogous to our own. The young men of the middle class all follow the course of the Gymnasia. They study there the ancient languages, history, geography, the sciences and the modern tongues. To fulfil the demands of the curriculum, they give to intellectual work a period which many intelligent persons consider too long. But the German regime has, in my opinion, one advantage over our own: the physical exercises in the Gymnasia are practised largely and held in much more esteem than in our colleges.

"In England it is understood better than elsewhere that the character, energy and constancy of the will, based upon an equilibrium of the faculties, gives to a man his true social influence. Thus, while we are occupied almost exclusively with the intellectual development and the acquisition of knowledge, in England one thinks more of the future than of the present, of the quali-

ties which will bring success to the man rather than the success of the scholar.

"Exercise incessantly the initiation of the child; give him a lively sentiment of his responsibility and of his personal dignity; inspire him with a taste for realities; make him love physical energy, as much for itself as because, without it, intelligence and will remain sterile. Such are the principal considerations of the English pedagogue."

First among the causes of the inferiority of French education, the writer puts the assemblage of too many students in one school. When four to six hundred are collected together, the question of discipline must outweigh that of the study of individual capacities.

Secondly, the unwise solicitude of parents that their children shall stand at the head of their classes; neglecting the equable development of their characters and their bodily health in the acquisition of facts.

He recommends the making of gymnastic exercises obligatory, and the increase by three hours per day, in one period, of the time for recreation.—*Jour. de Hygiéne.*

MEDICAL TREATMENT OF PHTHISIS.—From a new edition (now in press) of a treatise on pulmonary phthisis, by M. M. Hèrard, Cornil and Hanot, we extract the following:

Sulphur; tonic and general stimulant, possessing besides a local action, substitutive and necrophytic, showing itself especially in inhalations of sulphurous and of sulphydric acids, and in the soothing and undeniably modifying action of thermal sulphur springs.

Arsenic; reconstituent as to the appetite and the physical forces, restorer of embonpoint, calmative of cough and fever, opponent of denutrition, in hindering the oxidation of the tissues. In addition, it lessens the pulmonary congestion and perhaps destroys the bacilli of Koch.

Iodine; antiscrofulous, antiseptic and antivirulent; can be advantageously administered free, in pill form, with extract of peach leaves, $\frac{1}{60}$ gr. in each pill, taken after meals. The iodides are better tolerated and useful in the granulation stage. Iodoform moderates the fever and lessens expectoration; it seems in a way to sterilize the organism, and renders the bacilli inoffensive.

Chlorine may be tried by inhalation; perhaps it will give as happy results as *fluorine*, now the fashion.

Chloride of sodium is the agent of the entrophic medication which Latour endeavored to make specific. His formula was:

℞ Marine salt.....3ijss
Tannic acid 3ijss
Conserve of roses.....q. s.

To be divided in 100 pills. One every hour for a month.

Phosphorus; often dangerous, should especially be recommended in the case of abundant phosphaturia which marks the dèbut of phthisis. Besides, we use the tribasic, or better, the bibasic calcic phosphate, cow's milk phosphate, etc.

Creasote; combats the bacillar element of phthisis. It can be administered with a peptone hypodermically, by the following formula:

℞ Dry peptone.....3 ijss
Beechwood creasote..... gr. xlv
Neutral glycerine.....gr. dcc
Alcohol .....3 ijss
Distilled water.....3 v
Morphine muriate.....gr. jss

M. S.—Four or five Pravaz-syringefuls deeply injected daily.

Phenic Acid; by inhalation, or, better, by hypodermic injection, is equally an efficacious antiparasitic; as also are *eucalyptol*, *turpentine*, *goudron*, and other balsams.

Tannin is also a very useful antivirulent and entrophic. Besides these, other remedies are indicated by the various symptoms.

—*Revue de Thèr.*

TREATMENT OF GONORRHŒA.—*Mauriac*, in the *Revue Gèn. de Clinique*, reaches the following conclusions:

1. The abortive treatment is indicated, and has a chance for success in acute gonorrhœa, only during the first hours of its dèbut.

2. All attempts at cutting short a gonorrhœa during the crescent and stationary period are useless or dangerous, or give only apparent cures.

3. The antiseptic practice suggested by the microbian theory, has given only illusory results.

4. It is indispensable that acute gonorrhœa shall be submitted to antiphlogistic treatment until the almost complete disappearance of the most inflammatory symptoms.

5. Repressive medicine gives decisive and durable results only in the involutive stage.

6. The agents for repressive medication are copaiba and cubebs internally, and sulphate of zinc by injection.

7. The duration of repressive measures must be short. If good results are not quickly obtained, he returns to the antiphlogistics, also in case of imperfect cures.

RETROVERSION.—BERRUT says that fulness of the bladder, the approach or the existence of menstruation, can simulate or exaggerate the retroversion. Treatment should not be instituted unless the diagnosis has been confirmed by many examinations. Reduction is of capital importance; it is often done incompletely, because in the usual position of the speculum, the reduction which can be made is unstable, and the displacement is reproduced before the pessary can be introduced.

The genu-pectoral position is necessary to obtain a durable reduction.

The best instrument for retention is a sigmoid ring of suitable dimensions.

M. Berrut believes that retention should be tried before having recourse to an operation, such as shortening the round ligaments.

He looks upon the unstable condition of the uterus as a proof that woman was intended for the attitude of a quadruped. Sexual intercourse was first practised *more canino*, and 'barred' women are still obliged to have recourse to this procedure. It is the projection, which has probably been progressive, of the vulvar cleft towards the front, which gives to man the precious privilege of intercourse face to face.—*Gazette de Gynèc.*

HEART TONICS.—MULHALL, in the *St. Louis Courier of Medicine*, gives the results of his trials of these agents. Convallaria and adonis vernalis quickly became too repugnant to be taken. The benefit only endured while they were being taken. Caffein, in doses of 15 to 25 grains, answered better, but not as well as digitalis. Sparteine was tried in but one case, and proved unsatisfactory. Strophanthus answered fairly to the claims made for it by Fraser, excepting as to its diuretic action. Neither it nor any other heart tonic could compare with digitalis.

THE PHILADELPHIA CLINICS.

UNIVERSITY HOSPITAL.

COXALGIA.—(Agnew.)—When a child walks slightly lame, is fretful, and stands on one foot mainly, with the other leg bent, and the foot everted, look carefully for hip disease.

In addition to the other ways of examining, put your thumb on the anterior-superior spine of the ilium, and rotate the leg. In a sound limb, your thumb will not move; but if the joint is diseased, the pelvis will be felt to move with the leg.

STONE IN THE BLADDER OF A WOMAN.—In addition to the reasons ordinarily given that women are not often affected with stone in the bladder, Goodell says that another is because their life of comparative confinement makes them much less likely to contract kidney troubles and the like causes that give rise to the formation of calculi. He also remarked that when calculi were found in the bladders of women, the stone usually had a nucleus composed of some foreign body, which had been introduced into the urethra through reasons of pruriency or of curiosity. As a woman's most constant companion is a hairpin, the nucleus is likely to be that. In this case the stone was entirely too large to be removed through the urethra; so, having introduced a sound into the bladder, he snipped with a pair of scissors the vaginal wall covering the end of the sound, and then enlarged the incision enough to withdraw the stone. The calculus was found to be quite a large one, of rather smooth outline, two inches in its long diameter, by one and and one-half inch in its short.

The operation was completed by closing the wound with eight silver wire sutures.

PENNSYLVANIA HOSPITAL.

ASYMMETRY. (*Morton.*)—Every case of spinal trouble brought before the physician should be stripped from head

to foot to see if there is not a difference in the length of the legs. This asymmetry is the cause of much annoyance and of many curvatures of the spine. Notice whether the gluteo-femoral creases are on the same horizontal line, and whether the spinal column is at right angles with this line. If not, put blocks or books under the short leg till the lines are correct. Then order that much additional heel to the shoe on the short side. Many cases of beginning curvature can be cured and many curvatures avoided by these simple means.

RESECTION OF KNEE-JOINT.—On the same occasion Morton resected the left knee-joint of a boy of ten, for an old inflammation, followed by anchylosis at a right angle. This inflammation was the result of the actions of an inhuman father, who cut off two of the child's toes, in order to gain money through sympathy for the boy's condition.

The operation was performed antiseptically, the bones were fastened together by three sutures of chromicized catgut, and healing took place in a few days by first intention.

WOMEN'S COLLEGE.

LIPOMA. (*Keen.*)—He removed from the shoulder of a young woman a growth of this character, the size of a small orange, the result of having a window-sash fall on the shoulder some months before. In the course of the operation he remarked that never before was he so deceived with regard to a tumor as he had been a few days since. There was in the cheek of a young woman a hard growth, which he felt almost sure must be a fibroma or a spindle-celled sarcoma. But upon removing the tumor it proved to be simply a sebaceous cyst, from which all the softer constituents had been removed, leaving a remainder as hard as the kernel of a chestnut.

POISONING FROM APPLICATION OF PHENOL SODIQUE.—In one of our hospitals some days ago a man had a finger amputated at the second joint. The finger was dressed with gauze saturated in phénol sodique, and the man was told to keep the dressings wet with that preparation. This was on Saturday. On Monday morning a doctor was called and found all the symptoms of carbolic acid poisoning; delirium, black urine, quick pulse, etc. The symptoms subsided almost at once upon stopping the phénol. Wood mentions a case in which the whole finger became gangrenous from a similar application.

WILLS' HOSPITAL.

EXOPHTHALMIC GOITRE.—A few weeks ago there was admitted to the Wills' Eye Hospital a young woman afflicted with what Dr. Strawbridge says is the worst case of exophthalmic goitre he has ever seen. She exhibited all the signs of that distressing trouble to a most marked degree. When admitted to the hospital she was blind from ulceration of the corneas. This had been caused by exposure; because the eyes bulged out so far that the lids refused to close over them. At this writing her condition is much improved; her lids can be closed and the cloudiness is slowly going away. The treatment has been digitalis and Lugol's solution.

POLYCLINIC.

BILIARY CALCULUS.—*A propos* of a case of biliary calculus, Henry said that although Murchison stated that the pain of a calculus of this character may radiate upward towards either shoulder and backward, it never radiates downward; he himself had a case lately in which pain was felt over all the abdomen. The diagnosis was proved by finding a large calculus in the fæces.

ORTHOPÆDIC HOSPITAL.

PARALYSIS AGITANS.—This is likely to be confounded with only two affections: *Multiple sclerosis* and *senile tremor*. In the first of these the tremor begins only upon using the hand; whereas in paralysis agitans the tremor can be stopped by using the hand in some way—clenching it, for instance.

In paralysis agitans we have the Charcot hand; fingers bent at a right angle to the hand, and turned towards the ulnar side. Besides this, the thumb is rolled across the first two fingers, as if rolling a little ball between them. In senile tremor the movements are coarser than in paralysis agitans, and cannot be controlled by voluntary movement; nor is there the Charcot hand.

Two remedies are sometimes of use: hyoscyamus, and arsenic. In this instance Sinkler gave gtt. v. Fowler's solution *ter die.*

MEDICO-CHIRURGICAL HOSPITAL.

OBSCURE PAINS.—To a little girl of nine years, complaining of obscure pains in her bones and general *malaise*, Atkinson gave:

℞ Acidi salicylici.....ʒ ij
Tincturæ ferri chloridi.....ʒ ij
Acidi acetici.....gtt. x
Aquæ.....ʒ iv
M. Sig.—Teaspoonful four times a day.

WEAK THROAT.—He advised a woman who had a weak throat, that is, the mucous membrane was relaxed and caused sensations of a sore throat without its actually being sore, to pursue this treatment: On one sumac top, as fresh as possible, she was to pour a pint of boiling water; and into this put a teaspoonful of common salt. Keeping the water warm, she was to gargle her throat thoroughly every three hours. Atkinson has seen this treatment have a remarkably beneficial effect.

CATHETERS.—Speaking of catheters, Waugh said that the proper kind of catheter to give a patient is a flexible rubber instrument. No matter how awkward he may be, he cannot hurt himself with an instrument of this kind; and, besides, it is easier for an unskilled hand to introduce than a catheter of any other sort. The great objection to a rubber catheter is that the instrument so soon wears out; but if pure olive oil be used on them, they will last longer than is generally the custom. For the physician he prefers the silver catheter, as this can be polished infinitely smoother than an instrument of any soft or flexible material whatever.

CONSUMPTION.—"Gentlemen," said Waugh, "in this form of consumption, the pneumonic, cod liver oil is worth more than all the other remedies together. Support your patient, and you may pull him through."

HYPODERMATIC INJECTIONS OF COD-LIVER OIL.—Shoemaker is fond of giving medicines hypodermically; for in many cases of chronic skin disease, the stomach is in such a condition that medicine by the mouth does little or no good. He occasionally gives cod-liver oil in this way; and in one case he used a horse syringe, injecting into the subcutaneous cellular tissue as much as two tablespoonfuls at a time. But in the course of many thousand injections of various substances under the skin and into the muscle, he has never had an abscess to follow. The explanation, he says, is simply cleanliness.

EPHITHELIOMA.—Shoemaker has often had success in checking the growth of superficial epitheliomas by this method: Remove the scab from the little growth, and apply two or three times a day the ointment of the subiodide of bismuth till the parts are healed.

PARÆSTHESIA.—There is an old man suffering from general paræsthesia, who has been treated for some time at Shoemaker's clinic, by hypodermic injections of arsenite of sodium, till he has grown quite fond of the hypodermic syringe.

FLOODING.—(Montgomery). A woman of twenty-eight complains of flooding for three weeks. Examination shows that the uterus is about as large as that of a three months' pregnancy; but it does not feel like a pregnant uterus, nor do the other conditions favor this view. The probabilities are that we have here a soft growth in the cavity of the uterus. Although she says that she has not had a chance to become pregnant since last November, we will not take the risk of inserting a sound into the uterus till we have had the woman under farther observation. Meanwhile she will be given this prescription for the flooding:

℞ Ext. cannabis indicæ.....gr. viij
Ext. ergotæ fluidi.....ʒ j
Ext. hamamelis fluidi.....ʒ ss
Tinct. cinnamomi.....ʒ ss
M. Sig.—Teaspoonful three times a day.

Ergot would not be contra-indicated even if we knew her to be pregnant. Injections of hot water will also be given. As soon as we are quite sure that there is no pregnancy the os will be dilated with a tent wide enough to introduce a finger; and then a positive diagnosis can be made.

Dr. J. Milner Fothergill is dead.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JULY 2, 1888.

FEMALE PHYSICIANS.

ON Wednesday, June 20, 1888, a female physician was elected a member of the Philadelphia County Medical Society. The honor of being the first of her sex to pass this barrier was won by Dr. Mary Willits, a lady in every way worthy of the distinction.

We have always been of the opinion that this Society, as it claims to be representative of the regular profession in this city, has no right to exclude any regular physician from membership without specific cause.

Upon this ground we have voted uniformly in favor of the admission of the female candidates, as they are graduates of a regular and reputable college.

The question of the advisability of women entering the ranks of medicine is altogether different; and is complicated by personal considerations and special conditions. In Eastern countries, where women are secluded, female physicians should find a favorable field, where they can accomplish much good. Here, we see around us the evidence of a certain degree of success. It cannot be denied that some women have obtained lucrative practices, even among those who have not fallen away into homœopathy. Their contributions to medical literature, though scanty, have been fairly creditable; quite up to the average of the other sex, sometimes much above it. Whether anything of genuine value has been added to the sum of medical knowledge by women, or whether the practical work is any better done than if it had been left to male physicians, we leave each of our readers to judge for himself.

But whether the women whose mental endowments are such as to fit them for a physician's duties, are likely to have the necessary physique, is a question upon which we have much more doubt than we had ten years ago. There are certain responsibilities which the physician, man or woman, must assume. In no walk of life is a shirk more out of place. Office practice, specialty work, and attendance on the wealthy make no serious calls upon one's strength; and, as long as the lady's work is limited to these easy tasks, she may do very well.

In one case within our knowledge, a young girl started out in her professional life precisely as a young man must do. She had no means, her wealthy relatives were homœopathic, and she began with the poor, the alley folks. She took a poor district; turned out of her bed at night in all sorts of weather to visit the wretched denizens of the "seventeen-family house" and similar places; was swindled unmercifully by those she served; and, in a word, did just what any young male physician in similar circumstances must do to get a start. We noticed her when she graduated, as a bright, pretty girl, with so much intelligence that one could not help sympathizing with her desire to make of herself something more than ordinary. It was five years later when we again saw her. The struggle for existence had told heavily upon her. She had aged greatly; her fresh, youthful beauty was gone; the hard lines on her face told of the severity of the struggle; she was disheartened, weary, and in less time than six months she was dead. We know not what name was inserted in the death-certificate; but that girl died of exhaustion—worn out in the hopeless endeavor to show that woman can fill man's place in the world.

Still, when the ladies persist in making the experiment, whatever may be our opinion as to the final result, we believe it is better to give them our aid and to throw no straw in their way. Then, if failure result, it will be due to the inherent fallacy of the project, and not to the lack of a fair chance to test it.

ENDORSING FOREIGN DIPLOMAS.

THE following letter, taken from the *British Medical Journal*, of April 21, 1888, may be of interest:

PRACTICING IN AMERICA.

M.D., M.R.C.S.E. (Philadelphia, Penn.), writes: In reply to "Stars and Stripes," and at the same time correcting a grave mistake of "Yankee's" in his reply to "Stars and Stripes," I would say that an English graduate will have no difficulty whatever in securing the proper registration in any of the States of the Union. The examination required is simply formal, as the examiners themselves will tell you. "Yankee," unlike the original Yankee, remarks that it would be hard for an Englishman to pass. This is an intentional error (I feel like saying lie), since anyone who knows the relative standing of the profession in both countries will bear me out in my assertion. It would be no advantage for an English graduate or licentiate to possess an American M.D. It would be to him less than "thank'ee for nothing." And should he desire one (M.D.) he would have little trouble in securing it. "I speak whereof I know," since I am graduate of England and America.

Just why any American medical college should voluntarily assume such a position as is indicated in the above (provided it is true), is difficult to conjecture.

A century ago, when our medical schools were few and imperfect, and the rapid growth of our population, together with its wide dispersion, rendered it difficult to secure educated physicians to do the work, the graduates of reputable European schools were properly received with a hearty welcome, and assigned a high place.

But surely such is not the case at present. There is no dearth of physicians in any part of our country; and, while really superior men from other lands should still meet the welcome they deserve, the time has gone when the foreign physician should be conceded to be perfect as a matter of course.

Judging by the examinations we have held, the graduates of foreign schools do not show any such superiority as would be indicated by the letter quoted. They are as a rule deficient in therapeutics, giving the impression that their efforts contemplate little besides a diagnosis, to be confirmed by an autopsy.

It does not necessarily follow that a physician educated in Europe, however thoroughly, is prepared to practice his profession here without some special instruction on the diseases peculiar to this country. That this has been obtained, it is the duty of the Examiners to ascertain, by a trial which shall be so thorough as to inspire a little more respect than is exhibited by the man who wrote the letter quoted.

THE Medical Faculty of the University of Pennsylvania desires to extend their heartiest thanks to the Resident Physicians of the University and the Philadelphia Hospitals, to students and others, who so energetically aided in saving preparations, books and apparatus at the recent fire in Medical Hall.

* * * * * *

The most deplorable thing about such a fire is that much of the loss is in articles upon which a money value can hardly be put, as they cannot be replaced. We sincerely hope that the University will receive the earnest and

united aid of the medical profession in restoring these collections, as far as may be, and in providing for them a fire-proof building which will prevent such lamentable losses in future.

CELEBRATED CASES.

It has been noted as a curious coincidence that in cases which attract public and wide-spread interest, the patient almost invariably dies. This occurred in the Garfield, Grant, Emperor Frederick and the Conkling cases. Generally this is due to the fatal character of the malady—the spectacle of a great man battling with an incurable disease being very apt to attract public sympathy. That royalty should suffer with rheumatism only serves to remind one that humanity is alike in all stations; but a kingly struggle with cancer is different.

LONDON LETTER.

AMERICAN PRACTITIONERS IN ENGLAND.

THE Medical Acts Amendment Act (1886) is not on all points very clear; but there is no doubt that the position of persons holding foreign degrees in medicine and desirous of practising in the United Kingdom is materially improved under it, inasmuch as they can henceforth gain a legal status. Any foreigner who desires to be registered in this country must prove to the Registrar of the General Medical Council that he holds a "recognized foreign medical diploma granted in such a foreign country, and that he is of good character, and entitled to practise medicine, surgery and midwifery in such foreign country. He must further prove that he is not a British subject. A recognized diploma is "such medical diploma or diplomas as may be recognized for the time being by the General [Medical] Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery." The application of these provisions of the Act to any foreign country is contingent upon the Privy Council being satisfied that the foreign country affords to the registered medical practitioners of the United Kingdom such privileges of practising in the said foreign country as to the Council may seem just. The first step, it appears, must be taken by the United States. It will be necessary for any person or persons desiring to practise in England to show that English practitioners enjoy like privileges in America. This presumably will involve an official diplomatic action on the part of the United States government. An Order in Council would then be issued, authorizing the General Medical Council to register the holders of the medical degrees of the universities of the United States. It would then have to be proved to the General Medical Council that the degree of any particular university guaranteed the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery. Each individual candidate would have to give formal proof of the possession of such a degree; and, finally, would be required to pay a fee of five pounds.

The General Medical Council has not yet been invited to state what course of education and examination it would consider a sufficient guarantee of the possession of the requisite knowledge; but justice would demand that it should be the minimum exacted from students in this country: namely, a curriculum of four winter and three summer sessions, subsequent to a thorough entrance examination in English, Latin, mathematics (elementary arithmetic, algebra and geometry), elementary mechanics (statics, dynamics and hydrostatics), and a modern language, or logic, or botany, or zoology, or elementary chemistry. The professional examinations are required to include: (1) chemistry, including the rudiments of heat, light and electricity; (2) anatomy; (3) physiology; (4) materia medica and pharmacy; (5) pathology; (6) medicine; (7) surgery; (8) midwifery and the diseases of women and children; (9) vaccination; (10) forensic medicine; (11) hygiene; (12) mental disease. Owing to the culpable carelessness (to use no stronger phrase) with which the Legislatures of many of the States have granted char-

ters to bogus colleges, it is probable that the credentials of American candidates for registration on the British *Register* would be scrutinized with more than ordinary care. This is hardly to be wondered at; the innocent suffer for the guilty all the world over.

If any M.D. who has cast his eyes this way is not yet discouraged, I may add that we had over 27,000 names on the *Register* last year; and that we shall probably have nearly 30,000 before the end of this. Further, I may state for his information that our death rate and sickness rate is decreasing; that our working classes—who live longer and healthier lives than the working classes in the United States (being much better off, owing to the high purchasing power of money)—never, or rarely, pay the doctor except through clubs; that a paternal government takes about four per cent. of our gross earnings for not looking after us; that the parochial authorities take about as much more; and that the "Irish question" has not yet disappeared.

THE RELATION OF THE SYMPATHETIC TO THE CEREBRO-SPINAL SYSTEM.

Dr. W. H. Gaskell, F.R.S., instructor in advanced physiology in Cambridge University, who is the recipient this year of the Marshall Hall prize awarded quinquennially by the Royal Medical and Chirurgical Society for eminent contributions to knowledge of the nervous system, gave an address to the Society on May 24. The meeting was largely attended, and the Fellows were rewarded by hearing a most lucid account of Dr. Gaskell's elaborate researches into the structure and function of the sympathetic system. His discovery, for it is nothing less, is that the sympathetic nerves are in reality directly derived from the cerebro-spinal system; and that, therefore, the old doctrine of a dual nervous system, cerebro-spinal and sympathetic, is erroneous.

THE VISCERAL CENTRES OF THE CORD.

The posterior vesicular column of Lockhart Clarke, commonly called by continental anatomists Clarke's column, consists of a group of large rounded cells occupying the base or neck of the posterior horn, on its median (inner) aspect. Dr. Gaskell has been able to trace the visceral nerves by their peculiar structure as extremely fine grey bundles, from Clarke's columns to the sympathetic ganglia. These nerves leave the spinal cord by both the anterior and posterior nerve roots, and are then white medullated nerves; but after entering the sympathetic ganglia they lose their medullated sheath, and become the non-medullated "sympathetic" fibres. Owing to a breaking up of the fibres in the ganglia, the number of separate fibres is increased; but Dr. Gaskell maintains that no new fibres originate in the ganglia. The dropping of the medullary investment was beautifully demonstrated by large photographs thrown on a screen, and explained by the lecturer during his address.

VISCERAL SPINAL NERVES.

It is well known that Clarke's columns are not equally developed in all regions of the cord. They may be traced from near the lower limit of the cord to the upper part of the cervical enlargement; but they are best marked in the middle dorsal region. Speaking generally, they are best developed in those parts of the cord where Dr. Gaskell has found that great outflows of visceral nerves occur. These outflows occur in three great streams (to use his somewhat symbolic nomenclature): cervico-cranial, thoracic, and sacral. The thoracic outflow extends from the second thoracic to the second lumbar nerves; and the vaso-motor nerves for all parts of the body were traced to the anterior roots in the region embraced by these two extremes. In these roots they are very fine medullated fibres; but on reaching the ganglia of the main (lateral) sympathetic chain, they lose the medullary investment. In the same way the cervical outflow consists of similar fine medullated fibres, springing from the upper part of the cervical region and directed to the ganglion of the trunk of the vagus, in which they lose their sheaths. This "outflow" is found to contain the nerves by which the peristaltic movements of the œsophagus, stomach and intestines are governed.

THE PLAN OF THE NERVOUS SYSTEM.

While thus demonstrating for the first time the essential unity of the whole nervous system, Dr. Gaskell is at the same time able, by a valuable generalization, to trace the outlines of the plan upon which the nervous system is constructed. The whole body is divisible into two parts: the outside or somatic part, and the inside or splanchnic part. Each part has its own proper system of muscles; each its own double nerve supply; and each has its proper centres in the spinal cord; the splanchnic part in the inner part of the gray matter of the cord—the innermost part of the posterior horns and gray matter; the somatic part in the outermost part of the gray matter of the cord—the outermost part of the anterior and posterior horns and central mass. This conception perfectly agrees with the degree of development of the various portions at various levels of the cord; great breaks occurring in the splanchnic centres where the outflow of nerves for the limbs occurs.

DEGENERATION OF CLARKE'S COLUMNS.

It would be rash to attempt any immediate application of these views to pathology, but it is impossible not to be struck by the fact that Clarke's column lies very close to the focus of the lesion in locomotor ataxy. Charcot states that the fundamental lesion falls at first upon the posterior root zone (Burdock's column), and extends thence into the posterior median column (Goll's column). If, as he supposes, this extension is due to the spread of an inflammatory process by continuity, it seems reasonable to suppose that this extension may take place not only into Goll's, but into Clarke's columns, and as a matter of observation it has been found that in many cases Clarke's columns are distinctly degenerated. Gowers, who makes this statement, quotes Lissauer to the effect that some atrophy of the plexus of fine fibres contained in these columns is almost invariable. In some cases very great degeneration is found, only a few shrunken cells scattered through a translucent nucleated tissue remaining. It will immediately suggest itself to every one that we have here a clue which will afford in time an explanation of the gastric crises of locomotor ataxy.

THE CROOMIAN LECTURE.

The Croomian lecture given on May 28, by Professor Kühne, of Heidelberg, before the Royal Society, was brilliantly successful. Though delivered in German, those who were ignorant of that language were yet able to follow the beautiful demonstrations with ease by the help of an English translation, which was provided. The lecture dealt with the "Causation of Vital Movements," and was directed to prove the fundamental functional unity of living matter. Professor Kühne traced the property of contractility upwards from the irritability of ordinary protoplasm to the highly developed motor apparatus, which characterizes the animal kingdom in its lowest stages. By means of preparations of no ordinary merit he showed that the nerve endings did not pervade the whole of a muscle, and that portions of a muscle which contained no nerves could twitch when stimulated. Contraction must therefore be propagated in such parts of muscle by continuity of muscle substance, and it was demonstrated by experiment that one muscle was capable of exciting another. Professor Kühne was entertained at dinner by the Physiological Society; Professor Michael Foster, of Cambridge, being supported in the chair by Professor Stokes, President of the Royal Society, Sir William Bowman, Sir Andrew Clark, and Sir Joseph Lister.

MYXŒDEMA.

Four years ago the Clinical Society of London appointed a committee, consisting of Dr. Ord (chairman), Professors Victor Horsley and W. D. Halliburton, Dr. Felix Semon and Dr. W. B. Hadden (secretary), to report on the etiology and pathology of myxœdema. The report is now in the printer's hands, and at the last meeting of the Society Dr. Ord communicated the conclusions at which the committee had arrived. These do not present us with any novelties, but are of value as comprising the results of much painstaking investigation by men eminently fitted for the task. The connection between myxœdema and destructive disease of

the thyroid is no longer doubted, and the committee strongly favors the opinion that it also always follows complete surgical removal of the gland, absence of symptoms being due to the presence and subsequent development of accessory thyroid glands, to incomplete removal, or to insufficiently long observation after operation. The committee further expresses the following opinions: (1) That myœxdema is the same disease as that which in children is named sporadic cretinism. (2) That a very close affinity exists between myxœdema and endemic cretinism. (3) That myxœdema is identical with cachexia strumipriva. The most common form of destructive disease of the thyroid is stated to be the substitution of a delicate fibrous tissue for the proper glandular structure. No theory is advanced to account for this fibrous degeneration, and it is stated that no explanation can be yet suggested which would account for the affections of speech, movement, sensation, consciousness and intellect, which are conspicuous features of the disease.

LAPAROTOMY FOR PERITONITIS.

A case recently under the care of Mr. R. W. Parker, in the East London Children's Hospital, is of considerable interest. The patient was a little girl, who suffered from suppurative peritonitis after a severe injury to the abdomen. The absence of any external bruise or wound led some of those who saw her to doubt whether there was any connection between the peritonitis and the injury. Such cases are, however, by no means rare, and a little research would discover cases in which the liver, spleen, bladder, intestine, and, I think, also the stomach, had been ruptured without any marked injury to the parietes. Mr. Parker opened the abdomen by an incision in the median line, let out over a pint of pus, washed out the cavity with perchloride solution, closed the wound, and firmly bandaged on a sublimate wool dressing. The child never had a bad symptom afterwards.

The death of Dr. Timothy Lewis, two years ago, was a great loss to the medical staff of the army. Dr. Lewis was a brilliant student, and passed out of the Army Medical College at Netley at the head of the class. Together with Dr. D. D. Cunningham, who was the head of the Indian class that year (1868), he was sent first to Germany, to study pathological theories about the fungoid origin of cholera then in vogue, and afterwards both officers were attached for special duty to the Sanitary Commission with the Government of India. From that time down to his appointment to the post of assistant professor of pathology at Netley, in 1883, he was almost exclusively engaged in scientific investigations in India, his chief relaxations being visits of inquiry to centres of epidemic cholera. His essays and reports were generally published in official "Blue Books" issued by the government of India; the India blue books are appalling volumes, of enormous size, badly printed on villainous paper; they contain reports upon reports, recommendations upon the reports, orders upon the recommendations, then fresh reports, and so on, *da capo*. The publication of scientific memoirs in such volumes, in so far as the outside scientific world is concerned, is tantamount to giving them a decent burial, and the committee of friends and colleagues which was pressed to raise some memorial in Dr. Lewis's memory, has probably done the best thing for his reputation by collecting and publishing his scattered papers in a large quarto, which has just been issued. It is well printed, lavishly illustrated, and carefully edited by Sir William Aitken, the Professor of Pathology at Netley, Surgeon-Major G. E. Dobson, F.R.S., and Mr. A. E. Brown, B.Sc.

FILARIA SANGUINIS HOMINIS.

The work by which Lewis will probably be longest remembered was done in the filaria sanguinis hominis. He was the first person to find that parasite in the blood; he gave to it the name by which it is now known; he suggested that it was the active agent in producing tropical chyluria, tropical hematuria, and lymphatic elephantiasis, and he first gave a description, imperfect, it is true, owing to the parasite having been broken, of the adult male worm. We have had to wait, however, for ten years for a more complete des-

cription, recently given by Prof. A. G. Bourne, of Madras (*Brit. Med. Jor.*, May 19, 1888.)

INCUBATION PERIODS.

A good knowledge of the period of incubation of the zymotic diseases is so useful in making a diagnosis, and of the duration of infectiveness in advising the friends as to the isolation of the patient, or the removal of children from the infected house, that I think it well to reproduce the following table from Dr. W. Squire's "Essays in Preventive Medicine." Dr. Squire has for years given very special attention to the subject and has collected an immense series of cases bearing on the question:

Names of Diseases.	Usual time of Incubation. (I.)	Possible Intervals. (II.)	For Rash or Other Sign. (III.)	Duration of Infectiveness. (IV.)
Small Pox	12 days	15 days	2 to 3 days	3 to 4 weeks.
Measles	8 to 12 "	18 "	3 4 "	3 4 "
Scarlet Fever	2 5 "	8 "	2 "	6 8 "
Rubella	10 21 "	3 weeks	1 2 "	2 or 3 "
Chicken Pox	10 14 "	2½ "	1 "	A fortnight.
Mumps	12 21 "	3 "	1 5 "	2 or 3 weeks.
Whooping Cough	6 12 "	A fortnight	1 3 weeks.	6 weeks more or less.
Diphtheria	2 12 "	A fortnight	1 2 days	6 or 8 weeks.
Enteric Fever	5 20 "	A month or more	10 12 "	4 to 8 weeks or more.
Typhus Fever	2 12 "	A fortnight	5 "	3 or 4 weeks.
Cholera	2 5 "	A week	Sudden	Uncertain.

THE LIABILITY TO SCARLET FEVER.

In connection with this subject a paper which Dr. Whitelegge, the medical officer of health for Nottingham, recently read to the Epidemiological Society is of interest. He said that a detailed analysis of upwards of 6,000 notified cases showed that the liability to scarlet fever was slight in infancy, reached its maximum in the fourth or fifth year, and diminished every year afterwards. The severity of attack, however, was greatest in the first two years of age, and lessened year by year throughout childhood and adolescence; in adult life there was apparently a slight increase again, the reality of which was open to doubt. The scarlet-fever death-rate reached its maximum in the third year of life in both sexes. Probably about two-thirds of the adult population had escaped attack altogether. Infection from a previous case was the obvious explanation of many cases of human scarlet fever, and might be true of all or nearly all; but it could not be the whole truth. Some further explanation was needed to account for the well-marked seasonal and other variations in the prevalence of the disease. He seemed disposed to attach a good deal of importance to the alleged transmission of the disease from the cow to man.

The readers of the PHILADELPHIA MEDICAL TIMES will hear with a peculiar regret that Dr. Milner Fothergill is lying very dangerously ill in his house in London, and that his physicians entertain very slender hopes of even a temporary amelioration of his condition.

The General Medical Council has held its summer session and has drawn up a number of recommendations to the universities, colleges and other licensing bodies, with a view to improving the curriculum.

We hear so much of the high standard of education and piety in Scotland that it is a little surprising to be told by the Registrar-General of that country that, though the rate has been falling for a long time, one child out of every ten born in Scotland is born out of wedlock.

DAWSON WILLIAMS.

The proposition of the *Medical World*, that the Greek *delta* be substituted for the drachm symbol in prescriptions, is being very generally discussed. As to the advisability of a change from the present symbol there is no difference of opinion. It would perhaps be of interest if our contemporary were to inquire how many deaths occurred from mistaking this sign for the ounce, within the knowledge of his readers. Whether the Δ is the best substitute is questioned. It is not so easy to write in a hurry as the old symbol; but is preferable to the more tedious method of writing out the word in full. Meanwhile no better substitute has been proposed.

REVIEWS AND BOOK NOTICES.

OBSTETRIC SYNOPSIS. By JOHN S. STEWART, M.D. Philadelphia, 1888. Published by F. A. Davis. 12mo, pp. 202. Price, $1.00.

This book has had some unfavorable notices, chiefly because it is not something it was not designed to be: a system of midwifery. Some persons grumble because a pint mug is not a hogshead; not reflecting that each has its place.

Diverse conditions of medical study require different text-books. In Europe, where men may dawdle away a dozen years in suppositious attendance at a university, there is no need for conciseness in their books for study. Here the custom of the country is to crowd the entire training of the future physician into two or three years. What then? As we cannot alter the custom, as it is looked upon as the deepest disgrace if a man fail to take his degree in the shortest possible period, the need has grown up of a series of elementary text-books, giving in the briefest space the information which the student *must* know, not all he ought to know. The more voluminous works are to be studied in the preceptor's office during the summers, when the schools are closed; while the "quiz compends" and "synopses" are to be kept as companions to the lecture course. In truth, when the student attends from six to eight hours of daily lectures, spends his evenings in the dissecting-room, and any unoccupied hours in the laboratories and quiz rooms, it is difficult to see when he has time for any reading more extended than that contained in these little books.

This much for the consideration of those who appear to need it; we now may consider whether the work is well done. For a young author, who has but recently assumed the doctorate, the book is highly creditable. A few defects in the workmanship appear on close examination, but less than one would expect. The brevity is perhaps carried a little too far for our taste; but we are no longer a young student, and are not sure that we would have found it too brief twenty years ago. The teaching is quite in accord with the modern ideas. In the chapter on eclampsia, too much prominence is given to the influence of albuminuria; but this is a fault on the right side, if it directs the student's attention to what he might otherwise neglect. The nervous irritability which often precedes the convulsions might have been noticed, and the remedies suggested should have their doses and mode of administration stated more definitely.

Apart from this, we see little to find fault with. For the student and the young practitioner to carry to the bedside, it is an excellent little work.

DISEASES OF THE SKIN. By W. ALLAN JAMIESON, M.D., F.R.C.P. Ed., etc. Philadelphia, J. B. Lippincott Co., publishers, 1888. 8vo, cloth, pp. 546. Price, $6.50.

The author acknowledges his indebtedness to Hutchinson and Unna. Of American authors, Bulkley and Duhring are most frequently quoted. The colored plates are somewhat better than those in Shoemaker's book; but in other respects the present work does not come up to the standard of the Philadelphian. Jamieson has much less of original matter; his treatment is fairly correct, being upheld by good authority; but the descriptions of diseases are scarcely as clear and succinct. Still, it fairly expresses the views of the majority of dermatologists as to treatment at the present time.

A COMPEND OF HUMAN PHYSIOLOGY. *Especially adapted for the use of Medical Students.* By Albert P. Brubaker, A. M., M. D. Fourth edition, revised and enlarged. Philadelphia, P. Blakiston, Son & Co., 1888.

That a fourth edition of this little work has been called for is a satisfactory evidence of its value to the medical student. We see no need of decrying this class of books, as is the habit with some. They do not usurp the place of larger text-books on the various subjects; but as they contain so much important matter in so small a space they are of almost universal use among medical students in "boning up" for an examination.

PROTOBIOLOGY, OR THE PHILOSOPHY OF LIFE. By Joseph W. McEwen, M. D. Philadelphia, Phillips & Williams, 1887.

This rather pretentious title belongs to a little work of neat binding, typography, and general make-up.

A feature of the book is a comparatively extensive analysis in the first pages of each of the nine chapters; making it easy to gather in a few minutes the trend of the work.

As for the matter of the book itself, it is of an unpleasantly dogmatic character, though this is doubtless made somewhat unavoidable by the large extent of the subject and the small contents of the book.

For instance, in accounting for first life, he gives this showy sentence: "Heat and light acting upon and tempering water to a certain condition, causing the nascent state, eventually, as by magic, produced the germs which were subsequently requisite to reproduce every form of vitality, consequently establishing in the twinkling of an eye the whole great fact of the First Parentage; all else being the result of time, place and circumstance." This high-sounding sentence makes the "great fact" to us neither a "most accountable" nor "reasonable" process.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR THE YEAR 1887, VOL. IV. Edited for the Association by Alfred Ludlow Carroll, M. D. Concord, N. H., Republican Press Association; New York, J. H. Vail and Co.

The volume contains a number of colored illustrations, and portraits of Alonzo Clark and two other deceased members.

THE PRINCIPLES OF CANCER AND TUMOR FORMATION. By W. Roger Williams, F. R. C. S. London, John Bale & Sons, '87–'89, Gt. Litchfield Street, Oxford St., W.

ESSENTIALS OF CHEMISTRY AND URINALYSIS. By Samuel E. Woody, A. M., M. D., 2d edition, with 85 illustrations. Louisville, John P. Morton & Co., $1.25.

Such of the essentials of chemistry as can be compressed into 128 duodecimo pages are here very fairly presented. That there is a demand for these books is shown by their rapid multiplication and the exhaustion of successive editions.

ON INSANITY IN RELATION TO CARDIAC AND AORTIC DISEASE AND PHTHISIS. By Wm. Julius Mickle, M. D., F. R. C. P. London, H. K. Lewis, 136 Gower Street, W. C. 12mo., pp. 93.

This is the substance of the Goulstonian Lecture, reprinted from the *British Medical Journal*.

MANUAL OF THERAPEUTICS. By K. Futakami, editor of the *Tokio Idzi Shinshi*, Tokio, Japan.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY FOR THE USE OF STUDENTS IN MEDICINE. By R. A. Witthaus, A. M., M. D. 2d edition. New York, Wm. Wood & Co.

In 1053 questions and answers the author covers the field of chemistry.

WHAT TO DO FIRST IN EMERGENCIES. By Charles W. Dulles, M. D. 3d edition. Philadelphia, P. Blakiston, Son & Co. Price, 75 cents.

THE INFECTIOUS DISEASES. By Karl Liebermeister, Vols. 1st and 2d. THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA. By G. M. Garland, M. D. THE DISORDERS OF MENSTRUATION. By Edward W. Jenks, M. D.

The above are four numbers of the Physicians' Leisure Library, published by George S. Davis, Detroit. They are very commendable works, on every-day subjects, by capable authors, and published at a price which puts them within the reach of all.

PAMPHLETS.

PROCEEDINGS OF THE STATE SANITARY CONVENTION, HELD AT PHILADELPHIA, 1886. Harrisburg, Edwin K. Meyers, State Printer.

THE CAUSATION OF PNEUMONIA. By Henry B. Baker, M. D. Printed and distributed by the Michigan State Board of Health.

ANNUAL REPORT OF THE PROVOST OF THE UNIVERSITY OF PENNSYLVANIA FOR THE YEAR ENDING OCT. 1, 1887.

TYPHUS AND RELAPSING FEVERS IN EGYPT. By F. M. Sandwith. Reprint from St. Thomas' Hospital Reports.

HEART AND BLOOD-VESSELS IN THE YOUNG. By A. Jacobi, M. D., New York. (*Brooklyn Medical Journal.*)

GRADUATED TENOTOMY IN THE TREATMENT OF INSUFFICIENCIES OF THE OCULAR MUSCLES. By C. H. Thomas, M. D. (Transactions Phila. County Medical Society.)

CLINICAL NOTES ON PRURITUS. By L. Duncan Bulkley, A. M., M. D. (*Jour. Cutaneous and Venereal Diseases.*)

THE RESULTS OF LAPAROTOMY FOR ACUTE INTESTINAL OBSTRUCTION. By B. Farquhar Curtis, M. D. (Transactions Medical Society of New York.)

THE INTRA-UTERINE STEM IN THE TREATMENT OF FLEXIONS. By A. Reeves Jackson, A. M., M. D. (Gynecological Transactions.)

THE PHYSIOLOGICAL ARGUMENT IN OBSTETRICS. By A. F. A. King, A. M., M. D. (*American Journal Obstetrics.*)

PAPILLOMATOUS CYSTIC TUMOR OF OVARY. By L. H. Laidley, M. D. (*Journal American Medical Association.*)

AN OPHTHALMIC GLOSSARY. By Peter D. Keyser, M. D. (*Medical Register.*)

INFANT FEEDING WITH REFERENCE TO ECZEMA. By L. Duncan Bulkley, A. M., M. D. (*Journal American Medical Association.*)

THE ISCHIATIC CRUTCH. By A. B. Judson.

RHIGOLENE FOR MUSCULAR SPASM.—In a case of spasmodic contraction of the left trapezius muscle in which the circle of ordinary remedies had been tried in vain, Sinkler used the rhigolene spray. In two weeks most marked improvement was noticed. Weir Mitchell has used this treatment successfully for spasm of the facial muscle. Be careful not to apply the spray too long, as an ulcer has followed three-quarters of a minute's spraying.

SOCIETY NOTES.

PHILA. COUNTY MEDICAL SOCIETY.—Dr. G. E. de Schweinitz read a paper on Habit Chorea. In some cases an examination of the eyes revealed defects, the correction of which materially assisted in effecting a cure of the chorea. The author pointed out quite clearly the duty of the physician in these cases to examine the eyes for ocular defects; especially as neglect may render the habit permanent.

Dr. George E. Shoemaker read a paper on Reflex Cough from Pregnancy.

He detailed a case in which a patient suffered with nervous cough, coming on when she lay down at night, in three successive pregnancies.

BALTIMORE GOSSIP.

DR. GEO. MILTENBERGER, the popular professor of obstetrics in the University of Maryland, recently met with a painful accident. In coming down stairs from a patient he slipped and fell, rupturing the tendon of the right quadriceps extensor. It is rumored that all the fashionable mothers, prospective, are trying to delay the hour of travail until the genial accoucheur is able to get about again.

Among the deaths just announced is that of a Mrs. Bessee who is claimed to be a centenarian. The evidence is, however, not conclusive.

The Johns Hopkins Hospital, which has been in process of construction for over ten years, is nearly completed, but it is rumored that its opening will be deferred for another year on account of the failure of the Baltimore and Ohio railroad to pay the usual dividend on its common stock. A large proportion of the funds of the Johns Hopkins trust is invested in the "securities" of this road, which seem of late to have grown quite insecure. The work of the University is said to be seriously cramped on account of its reduced income. The fellowships and scholarships have been diminished in number and value, the tuition fees increased, and there is even talk of reducing the salaries of the faculty next year.

It is to be hoped that this unfortunate financial distress will be only temporary.

Ground has been broken for the new hospital of the College of Physicians and Surgeons. The building will be five stories high and have accommodations for 300 patients. The hospital will be under the management of the Sisters of Mercy.

A new sanitarium for children has recently been opened at Mount Airy in this State. The institution owes its existence to the liberality of Mrs. Robert Garrett, the wife of the former president of the B. & O. railroad. Dr. Walter B. Platt has charge of the medical service of the sanitarium.

The delegates from this city who attended the recent meeting of the Pennsylvania State Medical Society are loud in their praises of the courtesy and hospitality of their Philadelphia brethren.

The Baltimore University Medical School has strengthened its faculty recently by the addition of Drs. Thos. B. Evans, J. W. C. Cuddy, and E. M. Reid.

The Baltimore Medical College has purchased a lot adjoining the present college and hospital, upon which a lying-in asylum will be built.

Dr. Sternberg, who was sent to Havana by President Cleveland to continue his investigations into the etiology and prevention of yellow fever, has just returned and will submit his report to the President in a few days. His opportunities for investigation have been good, and have enabled him to reach some interesting results. His reports will be anxiously awaited. G. H. R.

ABSTRACTS.

TWO NEW RETINAL SYMPTOMS IN BRAIN DISEASES.

By ALBERT G. HEYL, M. D., of Philadelphia.[1]

Dr. Heyl called attention to the close connection between the retinal and brain circulation and to the probability that abnormality in the latter could be recognized by the ophthalmoscope. Two observations made by him bearing on this were then described: 1. The injection of a series of fine vessels which come off at right angles to the main retinal trunks. In normal conditions these vessels are not seen, but in certain cases of circulatory disturbances of the meninges of the convexity of the brain, as in a case of penetrating wound, cases of melancholia, nervous exhaustion, etc., they become injected to such an extent that they can be recognized.

2. In certain cases of mental weakness, manifested by rambling talk, lack of mental grasp, weakness of memory, it was observed that dichotomous branches coming off from main retinal arteries showed an abnormal decrease in calibre. Cases were cited showing that this probably had something to do with the ventricular pressure in the brain and therefore with the large arterial trunks at the base of the brain, viz., the circle of Willis and the large trunks connected with it.

[1] Abstract of a paper read before the Penna. State Medical Society, June, 1888.

VAGINAL OOPHORECTOMY.—Dr. H. T. Byford, in *American Journal of Obstetrics*, April, 1888, reports twelve successful cases of the removal of the uterine appendages and small ovarian tumors, by vaginal section. He advises the operation in those cases in which the uterus is retroverted or easily displaced backward and in which the ovaries can readily be reached by two fingers introduced into the vagina and *cul-de-sac*. He claims for this procedure the following advantages:

1. The ovaries and tubes when they lie down in the pelvis are reached with much less interference with the intestines; the shock and the reaction are less, and in case of difficulty in separating adhesions, the resulting inflammation is much less apt to spread to the abdominal cavity.

2. The wound is less in extent, is at the lower end of the abdominal cavity, is better situated for drainage, is concealed, and is less liable to be followed by hernia.

3. The bands of adhesion can in this class of cases be more readily drawn into the field of vision and tied.

4. Hot water, ice and other hæmostatic agents can be used with less danger.

5. Advantage can be taken of the

temporary exudate in the *cul-de-sac* to fix the retroverted uterus in a normal position.

6. When much time is required, there is much less of that danger which comes from leaving the abdominal cavity open a long time in abdominal section.

7. The statistics, other things being equal, favor it.

PAPOID IN LOBSTER POISONING.—Starting with the hypothesis that the so-called lobster-poisoning is due to the coagulation of milk by the lobster's digestive fluid, Dr. A. M. Cushing (*Medical World*) has made some interesting experiments. Having obtained some of this digestive fluid, he found that it coagulates milk into a very firm mass. Alcohol and ether increase the firmness of this coagulum; acids and alkalies have no effect upon it; while trypsin softens it in an hour, pepsin in five minutes, and papoid in three minutes reduces the mass to the consistence of an emulsion.

TAPE WORMS.—Gerhard has used Schaflint's remedy for tape worm—in every case with complete success:

℞ Granati cortici radicis.....ʒ ss
Seminorum peponis.....ʒj
Pulveris ergotæ.....ʒj
Aquæ bullientis.....ʒviij
Fiat infusion.

℞ Extracti filicis maris ætherici..fʒj
Olei tiglii.....mxij
Pulveris acaciæ.....ʒij
Fiat emulsio.

Mix the emulsion with the infusion for one dose, to be given at 10 o'clock in the morning, having eaten no breakfast, and having taken a full dose of Rochelle salts the previous evening. In every instance but one the parasite was expelled alive, in about two hours after taking the medicine. One singular peculiarity is the fact that the worm is nearly always voided entire, with its head fastened to the side of its own body, which very much facilitates the finding of that very important portion of the animal.

MUCOUS PATCHES.—A solution of chromic acid is perhaps the best application to mucous patches, especially to those in the mouth and the pharynx. Use from two to five grains to the ounce.

LETTERS TO THE EDITOR.

FOR EPILEPSY.

Editor MEDICAL TIMES:

In the June number of the TIMES, page 546, H. C. B. has an inquiry in regard to epilepsy, and you recommend quinine. I would like you to try at your first opportunity the tincture of œnanthe crocata in half drop doses. I have given it in only two cases, and there has been no return of the convulsions since its administration was commenced. Over six months ago, one case, a woman, had epilepsy of two years' standing, following the menopause. The second case was a man, forty years of age, with a syphilitic history. These are all that have called on me for treatment, so that my experience with the remedy is limited. C. S.

DIAGNOSIS WANTED.

EDITOR MEDICAL TIMES:—Will you be kind enough to help me, as I am in a tight place: namely, I have a case that I cannot well understand. A gentleman, age about thirty-five or thirty-six years, has an eruption which is located in the palm of the hand; commenced in a very small spot, and in the space of three years, during which time it has been troubling him, it has spread all over the entire palm of the hand. Hand cracks, is very tender and sore; he thinks that it was caused from cleaning some fish which had been kept out of the water a considerable time before cleaning, as he never noticed it before.

Covena, Ga. J. M. N.

[Possibly a syphilitic psoriasis; give him mercury.]

ICHTHYOL.—*For Rheumatic Affections:*

℞ Ammon. sulphichthyolat.....ʒ ijss
Chloroformi.....mx xlv
Lanolini.....ʒ ijss
M. S.—For local use; to be rubbed in.

For Cystitis:

℞ Ammon. sulphichthyolat..gr. iss ad. ivss
Aquæ dest.....fʒ vj-fʒv
M. S.—Dilute with an equal quantity of warm distilled water and with this wash out the bladder.

MISCELLANY.

THE COMMUNICABILITY OF TUBERCLE THROUGH COW'S MILK.

By LOUIS PARKES, M. D., D. P. H. Lond.
Assistant to the Professor of Hygiene, University College, London.

THAT cow's milk is not uncommonly a vehicle for the transmission of infectious disease to the human subject is now well understood. The evidence in support of such a mode of propagation is in many cases incontestable. Enteric fever, scarlet fever, diphtheria, and a disease resembling the foot-and-mouth disease of cattle are known to have been spread by means of the milk-supply. There is one other disease, tuberculosis, in which cow's milk has not been definitely proved to have served as a carrier of contagion; but amongst those who have made a study of the subject the view in favor of such a mode of propagation is regarded as containing the elements of extreme probability.

Cattle are very susceptible to tubercle. Prolonged lactation in the human female is well known to be a frequent precursor of phthisis, and it is not to be wondered at that, under such circumstances, and with the additional factors of confinement, want of exercise, and bad air, cows should succumb to a malady to which they are in a high degree susceptible.

The best bred animals, which are also usually the best milkers, are those which are soonest affected. In the early stages the symptoms of the disease are ill-defined, the health of the animal is apparently not interfered with, and the milk secretion is as abundant as ever. It is not until the disease is well established that nutrition is interfered with; and even then, unless the amount of milk is seriously lessened, the dairy farmer continues to keep the animal in stock. So far as known at present, the milk of tuberculous cows is free from tubercle bacilli, unless there has been—as is sometimes the case—a deposition of tubercles in the glands of the udder.

It would be extremely interesting to know in what percentage of cases the mammary glands are involved in the process of tuberculization, and at what stage of the disease such involvement usually commences. Milk which contains tubercle bacilli, when given to guinea-pigs and rabbits, causes tubercular deposits in the lymphatic follicles lining the intestinal walls, followed by tubercles in the mesenteric glands, peritoneum, liver, spleen, and general tuberculosis (Klein). Milk which is free from tubercle bacilli, although derived from undoubtedly tubercular cows, has not so far been found to be productive of tuberculosis in calves and other animals to which the milk was given.

It may be fairly assumed that in many of those cases of primary tubercular ulceration of the intestines or of tuberculosis of the peritoneum and mesenteric glands, which occur in the human subject, the tubercular virus has been introduced with the food, and the absorption of the virus has taken place through some part of the digestive tract. These diseases are usually primary in young children; in adults they are mostly secondary to tubercular disease of other organs, especially of the lungs. On referring to the Registrar-General's Summary it is seen that in the ten years 1871–80 tubercular peritonitis and its allied disease, tabes mesenterica, caused amongst children under 5 years of age an average mortality of 2.55 per 1,000 per annum. More than twelve times as great as the corresponding mortality from these diseases of any other age-period of five years, from the age of 5 up to 100. Primary tubercular disease of the lungs in children under 5 years of age is a comparatively rare event. The average annual mortality from phthisis of children under 5 years for the decennium 1871–80 was only 0.77 per 1,000, and possibly some of the cases so registered were really secondary to primary tuberculosis of the abdominal organs. The extreme incidence of primary tubercular disease of the abdominal lymphatic system on young children is at once seen from these figures. In the matter of dietary there is one great distinguishing feature between this age period and all others. Under five years of age, milk—usually

unboiled—forms the staple food of children.

In every dairy of any size there will probably be tubercular cows, some of them, perhaps, with tubercular deposits in the udders; and as it is the common custom with dairymen to mix together the milk yielded by different cows, it is not too much to assume that tubercle bacilli may be widely distributed in the milk supply of any town. It has been said that the tuberculosis of cattle is not the same disease as the tuberculosis of man, and that the absence of any proof of the human variety having ever been dependent upon ingestion or inoculation of the virus of the bovine variety tends to strengthen such a belief. To this it may be replied that the bacilli of bovine tuberculosis are identical—according to all bacteriological methods at present known—with those found in tubercular formations in the organs of man, and that although the disease presents anatomical differences in man and cattle, these differences may be explained as being due to differences of soil in the human and bovine tissues, the bacilli ingrafting themselves in those tissues which present conditions most favorable to their growth and development. Secondly, absence of proof may only mean want of observation or recorded data, and cannot be held to imply that at no future time will satisfactory evidence of the dependence of the human disease upon a bovine source be brought to light.

Having regard to all these considerations, surely the time has arrived when a radical change in the present methods of milk production and milk consumption is urgently needed. In the first place it should be rendered illegal for cows known to be suffering from tuberculosis to be kept in stock by dairymen and farmers for milking purposes; and, secondly, in no household should unboiled milk be consumed, more especially by children. No other animal food is consumed by civilized nations in an uncooked state; and by the light of our recently acquired knowledge it would appear that there is as much, or more, danger connected with the practice of drinking unboiled milk as of eating raw flesh.

Exposure to the heat of boiling water for five minutes destroys the life and action of the tubercular virus (Klein); and the same is true of the other specific disease poisons. By such simple means, then, is it possible to guard against an ever present source of danger, as well as to obtain protection from those possibilities of the introduction into our bodies of the viruses of enteric fever, scarlet fever, and the like, which the experience of past epidemics has taught us to be latent possibilities in milk, with powers of development at the most unexpected periods. —*British Med. Journal.*

NITRO-GLYCERINE. — Struck by the marked similarity of the physiological action of this drug to that of nitrite of amyl, Murrell determined to give it a trial in angina pectoris. His success was most gratifying. The nitro-glycerine not only mitigated the severity of present paroxysms, but seemed to have a more or less permanent influence. This has been attested by numerous subsequent observers. It has also been used advantageously in hysterical aphonia, asthma, headaches (especially of the angio-spastic form), albuminuria, tic-douloureux, etc. It has also been recommended as a substitute for alcoholic stimulants, the claim being made that one-half drop of the one per cent. solution is equal in stimulating effect to an ounce or more of brandy. For this reason it has been prescribed in the collapse of typhoid fever, shock after accidents, and in certain forms of hypochondriasis. Personally, I have had this drug under observation for the past fifteen months, and have prescribed it in true angina pectoris, simple nervous cardiac palpitation, the pain and palpitation of organic heart disease, in the cardiac pain and dyspnœa of chlorosis, and in several cases of the so-called "alcoholic" and "tobacco" heart. I have also used it in spasmodic asthma, intercostal neuralgia, and muscular rheumatism, and, experimentally, in chronic bronchitis with dyspepsia. The principal object of my investigation, however, was with reference to its action in painful and irritable conditions of the heart. The paucity of therapeutic agents available in these affections, especially in angina pectoris, renders ad-

ditional knowledge of such remedies greatly to be desired. A number of the patients for whom I prescribed the drug disappeared from observation before an opinion could be formed as to the results. In a majority of them, however, it was fairly tested, some of the patients taking it during a period extending over several months, while others are still under treatment.

I have observed the effects of the drug in twenty-eight different cases, and in only four has it absolutely failed. In all the others more or less relief was obtained, and in some the effects were most gratifying. As far as I have been able to judge, however, its effects are only temporary, even in cases independent of organic lesions. It may be regarded simply as a symptom medicine, and one which probably exerts little if any permanent effect on the course of diseases of the heart. It undoubtedly has its sphere in the treatment of painful and irritable conditions of this organ, however, and for the temporary relief of these conditions it has seemed to me to be rather more reliable than any other single remedy.

—Crook, in *Post-Graduate Journal.*

An Epidemic of Milk Typhoid.—In the *Practitioner*, Brown records an outbreak of typhoid fever which occurred in Carlisle. The first case was at a dairy, and during the succeeding ten weeks twenty more followed, all being in persons who used milk from that dairy, with one possible exception.

The hygienic condition of the habitations was good, and the water supply the same as the rest of the city. A febrile disease having a very striking resemblance to human typhoid existed among the cows at this dairy several times during the four years preceding this outbreak.

We may have too many medical journals, as we have too many doctors, shoemakers, tailors, and far too many preachers. The new comers, however, appear to fill niches especially fitted for them. The May number of the *Brooklyn Medical Journal* is so good that it fully vindicates its claim to existence.

The *Texas Health Journal* will soon be a competitor for public patronage. It is gratifying to note, in the establishment of such publications, the increased attention which is given to hygienic conditions. While the great State of Texas is as yet comparatively free from the evils which beset our crowded communities in the East, she wisely takes time by the forelock in instructing her citizens how to keep their localities in a salubrious condition.

The proposed new journal will be under the editorial charge of Dr. J. R. Briggs. This gentleman certainly appears to possess the confidence of his associates, as he has twice received prizes of $100 each for essays on medical topics, from the State Association.

We hope he will be equally successful in commanding the support of the public in his new and commendable project.

In the *New England Medical Monthly* Hutchinson speaks of the absence of catarrh in the West Indies. An American, sitting in the club-room one day, had occasion to clear his throat, whereupon everybody turned round and stared at him in such a way that he was compelled to apologize by saying that catarrh is so common in the States that nobody notices such an occurrence there.

It is a pity Dr. Hutchinson did not tell us what effect a residence in Barbadoes has upon catarrh, though he intimates that it is beneficial.

The treatment of disease by climatic influence has a growing interest to the profession. What is needed is accurate information upon the subject, from authorities more trustworthy than hotel proprietors, whose pecuniary interests render them too easily persuaded that their own localities are curative of every ill that flesh is heir to.

The West Indies are within easy reach; the means of reaching the various islands are not too expensive, and living is in general cheaper than at home. During the winter there is nothing to be feared from tropical diseases, and even in summer the danger is far less than is generally believed.

The Galvanic Method of Treating the Vegetable Parasitic Diseases of the Scalp; with a Report of Cases.—Prof. Henry J. Reynolds, M. D., of

Chicago, read a paper on this subject in the Section on Dermatology and Syphilography at the meeting of the American Medical Association at Cincinnati, May 10: He said the reason that all heretofore adopted methods for treating these diseases had been ineffectual was because the parasiticide applications employed to destroy the fungus could not be so applied as to penetrate the hair follicles and into the hair structure itself, the parts invaded by the growth. Any parasiticide so applied as to reach the growth will very readily cure the disease, as is so frequently demonstrated in those manifestations which occur upon the non-hairy skin—tinea circinata, tinea versicolor, etc. The great object to be attained therefore must be the penetration of the remedy employed to the inaccessible parts. He had shown over a year ago in a paper read before the same Association that a solution of cocaine applied to the sound integument could by the means he employs be induced to so penetrate and permeate the cutaneous tissues as to produce complete local anæsthesia of these parts, a result which must show that every portion of these structures had been permeated by the drug. In making these experiments he conceived the idea that the same principle might be applied in the treatment of the vegetable parasitic diseases of the scalp and the penetration of the parasiticide to the bottom of the hair follicles be induced in the same manner by the same method. The means he employed for this purpose is the galvanic current. He applies, first having washed well with soap and water, a one per cent. solution of bichloride of mercury or other parasiticide lotion, with the sponge of the positive electrode of a McIntosh battery to the affected part for about ten minutes once a day, the circuit being completed by placing the negative on some adjacent point. The strength of the current must vary with the size of the electrode, the irritability of the part, etc., the object being to apply the strongest current that can be borne by the patient. He had read a paper on the same subject at the International Medical Congress at Washington, and now submitted a report of ten additional cases treated by it, eight in Europe, and two by himself, all of which were cured in an average of less than three weeks each, and many of which had resisted all other forms of medication for years.

He stated that Drs. E. Charon and G. Gevaert of the Hospital de St. Pierre, Brussels, who had treated eight cases of tinea tonsurans successfully by the method in an unusually short space of time (*Journal publie par la Societe Royale des Sciences Medicales et Naturalles de Bruxelles*) said:

"We have, therefore, at our disposal a powerful medium capable of carrying to the interior of the hair-sheath an energetic parasiticide.

"In our experience we have come to the conclusion that the modification of the diseased patches, treated by the continuous current and the sublimate, are manifested from the very outset of the treatment, and that all other proposed means of treatment cannot be submitted in comparison with this new mode of Prof. Reynolds', at once efficacious and rapid, the patches presenting immediately a smoother, more pliable and less scaly surface, and the diseased hair seeming to at once resume vitality. At the end of three or four days the contrast between the diseased and healthy areas is less marked, the duration of the treatment depending upon the chronicity of the trouble and the modified conditions of the disease, which may have been induced by the influence of previous medications.

"We have, therefore, by the ingenious invention and method proposed by Dr. Reynolds, a horizon of new experiments opened up to the dermatologist for the treatment of these heretofore almost incurable diseases of the skin."

PARALYSIS AGITANS.—Sinkler prescribed oxide of zinc, grs. two, three times a day; and ten-drop doses of fluid extract of hyoscyamus as frequently.

FOR BURNS OF THE FIRST TWO DEGREES. (*Nikolsky*).—

℞ Tannin
Alcohol.....āā ʒ j
Etheris.....ʒ j
M. S.—Apply on pledgets of lint.